STATE IMPLEMENTATION GUIDE
For
UCFE and UCX Program Changes

U.S. Department of Labor
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Table of Contents

Background

For several years, State Employment Security Agencies (State agencies) have been taking advantage of technology advances to automate intrastate and interstate unemployment compensation processes to eliminate the use of paper forms and files and the use of the mail to exchange information. The degree to which automation could be applied to UCFE and UCX activities has been limited by the programs' procedures for obtaining the wage and separation information necessary to the determination of claims. These UCFE and UCX procedures have resulted in the necessity to use manual procedures to collect and exchange information and have caused delays in the payment of benefits.

Over the past few years, the Department together with the Information Technology Support Center, the Louisiana Claims Control Center (LCCC), Lockheed Martin, the U.S. Postal Service, the Frick Company (as the representative of 30 Federal agencies) and the States of Alaska, Georgia, Louisiana, Maryland, Minnesota, New York and Virginia have worked to redesign and test new methods for electronically exchanging UCFE information between the Federal and State agencies and/or to exchange UCFE and UCX information between State agencies and the LCCC. Additional UCFE and UCX procedural changes were initiated to take advantage of the use of technology and to ensure that the Federal UC programs are better accommodated in the State agencies' remote initial claims taking environment.

Overview of Changes

An Interstate Connection(ICON)application has been developed by Lockheed Martin to support transmissions of State requests for UCFE wage and separation information and responses from Federal agencies. The Directory of Federal Agencies has been automated as a feature of this UCFE application.

The LCCC operating system has been redesigned to support the use of the DD Form 214 and 215 information on file at the LCCC as the official source of UCX wage and separation information. The LCCC will supply State agencies with UCX wage and separation information in an electronic record format.

The UCFE/UCX Claim Control file feature of the LCCC operation has also been redesigned to maintain a Claim Control record <u>only</u> when an intrastate or interstate benefit year has been established that caused a wage assignment. The format of the new Claims Control record will contain sufficient information for use by the State to determine if there is a prior wage assignment or conflict.

In addition to the change to the LCCC operation, a UCX affidavit procedure is being implemented which authorizes State agencies to determine UCX eligibility using the claimant's copy 4 of a DD Form 214 as an affidavit upon receipt of a notice from the LCCC that there is no DD Form 214 on file. Thus, determinations of UCX eligibility will no longer be delayed pending receipt of the Department's copy of the DD Form 214, provided the claimant has a copy 4 of his/her DD Form 214.

1. **Lᴄᴄᴄ Claim Control Operation**. The purpose of the LCCC operation has been expanded from solely a fraud detection operation to include serving as the official source of wage and separation information for the UCX program. To accomplish the two purposes, the LCCC operating system and procedures have been changed to: 1) maintain a record of all UCFE and UCX wage assignments as the basic Claim Control file and 2) maintain all DD Form 214/215 data necessary to compute quarterly wages and 3) provide separation information and other pertinent eligibility information in an electronically accessible file.

The changes at the LCCC, and authorizing States to use the claimant's copy 4 of the DD Form 214 to determine UCX eligibility, will help to accomplish administrative efficiencies and ensure timely payments. However, the overall LCCC operation continues to serve as a system of fraud detection. Using the DD Form 214s on file at the LCCC as the official source of wage and separation information helps to ensure that determinations are based on information provided by the DOD. When there is no DD Form 214 on file, the State agency will be so advised. The LCCC will contact the DOD for the DD Form 214 information and will send an amended response to the requesting State agency upon receipt of the DD Form 214 or other information from the DOD. This procedure helps to ensure the detection of any fraudulent claim(s) established under the affidavit procedure.

The new Claim Control file will only contain Claim Control Records representing an <u>actual</u> wage assignment when a benefit year has been established. Unlike past procedures for the "inquiry," the LCCC will <u>not</u> maintain a copy of the request that is sent by the State agency when a new claim is filed. Therefore, **<u>States must create and transmit these control records immediately (same day) when a benefit year is established that assigns wages because there is nothing on file to prevent the LCCC from providing UCX wage information to another State until the LCCC receives the Claim Control record</u>**. Claim Control Records will be kept on file for two years. Incoming Claim Control records are matched against the records in the Claims Control file to prevent duplicate use or improper assignment.

The DD Form 214/215 file format has been redesigned to store nine calendar quarters of information to have available information to respond to current and backdated base period and alternate base period requests. Each initial UCX or UCFE request will be matched against the Claim Control file, the DD Form 214 file, and the pending files. When a UCX request is processed and a DD Form

214 is found <u>and</u> there is no Claim Control record on file that prevents the release of the wages, the LCCC will respond to the requesting State agency using the service dates, days lost, rank, etc., the Schedule of Remuneration to calculate base period and lag wages, as well as weeks and hours of work. When no DD Form 214 is found, the LCCC will create a pending record and notify the State agency "No Control Record or DD 214 on File. Response Pending." A request for the DD Form 214 will be sent to the appropriate Branch of Service by the LCCC when 21 days have elapsed since the separation date. When a response is received, the LCCC will send an amended Response Record, containing information from the DD Form 214 or other response document, received from the Branch of Service, to the requesting State agency.

Response records from the LCCC will contain alert messages and flags that can be used by the State agency to electronically post an issue to the benefit record when the type of separation or other information from the DD Form 214 raises an identifiable issue. **The LCCC is not authorized to make determinations about whether or not a claimant's military service is creditable or if wages are usable**. Therefore, the LCCC will provide wage and separation information from any DD Form 214 on file without regard to the length of service or the type of separation. **It will be the responsibility of the State agency to make the appropriate determination(s)**.

Response records will be sent to each State agency for each record it sends to the LCCC as a confirmation that the record has been processed. For example, when there is a UCFE Type 1 request and there is no Claim Control Record on file, the State agency will receive a message stating "no Claim Control Record on file." When there is a Claim Control Record on file showing an existing benefit year, or a last day of work/separation date that is within the base period of the new claim, the response record will include the information from the Claim Control Record.

2. <u>Transition From Old to New System</u>. Until all States are operational on the new system and all "inquiries" under the old procedures are at least two (2) years old, States will be operating in a transition period. During the transition period, all States will continue to receive information from the "inquiry" control file. This means that those States that have implemented the new system will still be required to receive response information from the "inquiry" control file in the old manner. A State that is operating under the old system, will receive information from the new system as a printout attached to

its response. Examples of the types of responses that States can expect are as follows:

   a. **When the State Is Operating under the New System**, and:

        (1) there is **a match** against an inquiry in the old system, the State will receive a listing in a job named PUXDLCCC which will be sent to the DESTINATION,CLASS,FORM,etc., to which the old system responses were sent. The listing will contain the following information:

UCX\UCFE LISTING PF PRIOR INQUIRIES
BY OTHER STATES

		EFFECTIVE	UCX	UCFE
SSN	NAME	DATE	SEP DATE	SEP DATE
007002001	Mary E. Montgomery	20010708	20001007	00000000

PGM TYPE: X   **STATES WITH PRIOR INQUIRY:** 33 45

---

        (2) there is **NO match** against an inquiry in the old system, the State will receive a listing in a job named PUXDLCCC which will be sent to the DESTINATION,CLASS,FORM,etc., that the old system responses were sent to. The listing will contain the following acknowledgment that the match against the old system occurred:

UCX\UCFE LISTING PF PRIOR INQUIRIES
BY OTHER STATES

NONE FOR TODAY

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   b. **When the State Is Operating under the Old Inquiry System**, and:

        (1) there is **a match** against a pending record in the new

system, the State will receive a record as follows for each matching social security number at the end of its regular response records:

```
                     PENDING RECORD PRINT
        WAGES PENDING - BEING CLAIMED BY STATE WITH FIPS CODE --


SSN: 007002001                          OTHER SSN: 000000000
CLAIMANT NAME: Mary E. Montgomery
PROGRAM TYPE: UCX          EFFECTIVE DATE OF CLAIM: 2001/07/08


*****SEPARATION DATE*****              ******BASE PERIOD******
    UCX          UCFE                    BEG          END
2000/12/04    0000/00/00          2000/04/01    2001/03/31
SERVICE BRANCH: AIR FORCE STATE: 36 LOCAL OFFICE: 0516 RECORD TYPE: 1
TRANSMISSION DATE     LCCC RESPONSE DATE     PENDING NOTICE DATE
    2001/07/09           2001/07/09             2001/07/09
```

(2) there is **a match** against a record in the Claim Control File of the new system, the State will receive a record as follows for each matching social security number at the end of its regular response records:

```
                  CLAIM CONTROL RECORD PRINT
            WAGES CLAIMED BY STATE WITH FIPS CODE --

SSN: 007002001                          OTHER SSN: 000000000
CLAIMANT NAME: Mary E. Montgomery
BYE: 20020105                    EFFECTIVE DATE OF CLAIM: 2001/01/07
PROGRAM TYPE: UCX


*****SEPARATION DATE*****              ******BASE PERIOD******
    UCX          UCFE                    BEG          END
2000/12/03    0000/00/00          1999/10/01    2000/09/30
TRANSFERRING STATE 1:00    TRANSFERRING STATE 2: 00    LOCAL OFFICE: 0516
TRANSMISSION DATE     LCCC PROCESS DATE     DELETE DD214     RECORD TYPE
    2001/01/12           2001/01/12                              2
```

3. **State Agency Record Types for Communicating with the LCCC**.
State agencies will use a single record format to generate six different types of records to the LCCC. The six record types are:

Type 1 - Initial Request for Wage and Separation Information;

Type 2 - UCX or UCFE Claim Control Record;

Type 3 - UCX or UCFE Wage Assignment Only Record;

Type 4 - Cancellation of Claim Control Record;

Type 5 - Cancellation of Wage Assignment Only Control Record; and

Type 6 - Cancellation of UCX Pending Record.

With the exception of Record Type 6, all other record types are used for both UCX and UCFE records. Field 22 of the record format will carry the identifying code for the type of record (Record Type 1-6) being sent.

The Type 1 request replaces the "inquiry" and will be sent to the LCCC immediately (same day) when a new UCX or UCFE claim is filed. The Type 1 request for both programs will be used to match against the Claim Control file and the DD Form 214 file. The LCCC will not maintain a copy of the Type 1 request record. No Claim Control record will be on file until the State transmits a Claim Control record (Record Type 2 or 3) which means that a benefit year was established.

a. __State Agency UCFE - UCX Request Record Layout__. The following request record layout is used for all record types by the State agency to send records to the LCCC.

State Agency Request Record Layout				
FLD NBR	FIELD NAME	FIELD TYPE	BEGIN COLUMN	FIELD LENGTH	DESCRIPTION
1	Social Security No.	N	1	9	Enter claimant's Social Security Number
2	Claimant's Name - First	A/N	10	12	Enter claimant's first name. First position cannot be blank. Enter at least one alphabetic character.
3	Claimant's Name - Middle Initial	A/N	22	1	Enter claimant's middle initial, if any.
4	Claimant's Name - Last Name	A/N	23	17	Enter the claimant's last name. First position cannot be blank. Enter at least one alphabetic character.
5	Program Type	A/N	40	1	Enter valid program type: F = UCFE (Code as "F" when only UCFE employment or when UCFE and UI employment is shown in the base period) X = UCX (Code as "X" when only UCX employment or when UCX and UI employment is shown in the base period) J = JOINT (Code as "J" when both UCFE and UCX employment is shown in the base period)

6	Other Social Security Number	N	41	9	Enter other SSN that the claimant used since the beginning of the base period.
7	Effective Date of Claim	N	50	8	Enter the effective date of the claim. Format is: CCYYMMDD, i.e., 20001205.
8	Last Day of Work (UCX)	N	58	8	Enter the UCX Separation Date. Format is: CCYYMMDD, i.e., 20001205
9	Last Day of Work (UCFE)	N	66	8	Enter UCFE Separation Date. Format is: CCYYMMDD, i.e., 20001205
10	Base Period Beginning Date	N	74	8	Enter the beginning date of the base period for the claim. Format is: CCYYMMDD, i.e., 20001205
11	Base Period Ending Date	N	82	8	Enter the ending date of the base period for the claim. Format is: CCYYMMDD, i.e., 20001205
12	Benefit Year Ending Date	N	90	8	Enter the benefit year ending date for the claim. Format is: CCYYMMDD, i.e., 20001205.
13	State FIPS Code	N	98	2	Enter the two digit numerical FIPS Code of sending State.
14	Transferring State's FIPS Code - 1	N	100	2	Enter the two digit numerical FIPS Code of the first State that transferred UCX or UCFE wages used on the claim.
15	Transferring State's FIPS Code - 2	N	102	2	Enter the two digit numerical FIPS Code of the second State that transferred UCX or UCFE wages used on the claim.
16	Branch of Service	A/N	104	2	Enter the two digit code for the Branch of service. Leave Blank for Program Type "F". Valid entries for Program Types "X" or "J" are: Army = 01 Navy = 02 Air Force = 03 Marines = 04 Coast Guard = 05 NOAA = 06
17	Call Center/Local Office ID #	A/N	106	4	Enter four digit Call Center/Local office Number. Right justify, i.e., 0114.
18	Transmission/Transaction Date	A/N	110	8	Enter the date of the record transmission to LCCC. Should be system generated. Format is: CCYYMMDD, i.e., 20001205
19	Amended Flag	A/N	118	1	For LCCC's use only.
20	Message Number	A/N	119	2	For LCCC's use only.
21	Filler	A/N	121	39	FILLER

| 22 | Record Type Code | A/N | 160 | 1 | Enter the one digit code for the type of record prepared for transmission. Valid entries are:
1 = Initial Claim Request
2 = Claims Control Record
3 = Wage Assignment Only Control Record
4 = Claims Control Record Cancellation
5 = Wage Assignment Only Control Record Cancellation
6 = Type 1 Request Cancellation (from the Pending File) |
| | TOTAL RECORD | | 160 | | |

    b. **Required Fields for Each Record Type**. Below is a chart showing the fields that must be completed for each of the six record types. The identified fields will be edited by the LCCC when processing the record.

Fields	Record Types					
	1	2	3	4	5	6
SSN	X	X	X	X	X	X
First name	X	X	X	X	X	X
Middle initial	X	X	X	X	X	X
Last name	X	X	X	X	X	X
Program type	X	X	X	X	X	X
Other SSN	X	X	X	X	X	X
Effective date of claim	X	X		X		X
UCX separation date when Type = X	X	X	X			X
UCFE separation date when Type = F	X	X	X			X
Base period begin date	X	X				X
Base period end date	X	X				X
Benefit year end date		X		X		
State FIPS code	X	X	X	X	X	X
Transferring State FIPS Code 1		X				
Transferring State FIPS Code 2		X				
Branch of Service (when Type X or J)	X					X
Local Office/Call Center						
Amended Flag (LCCC Use only)						
Message number (LCCC Use only)						
Transaction Date	X	X	X	X	X	X
Record Type Code	X	X	X	X	X	X

4. **Requesting Information From the LCCC**. The State's procedures for sending requests and receiving responses from the LCCC are the same for the UCX and UCFE programs. Records sent to the LCCC for both programs will produce the same type of responses from the LCCC, including UCX wage and separation information responses. The State's information technology staff will have to accomplish the programming necessary to produce the appropriate request records necessary for entering the

appropriate information including the record type indicator in Field 22.

All records sent to the LCCC are considered request records. A single one-hundred sixty (160) character record will be use to transmit each of the record Types 1-6. It is the responsibility of the State agency to ensure the proper formatting and transmission of records to the LCCC.

5.   Requesting UCX Wage and Separation Information and a Match Against the Claim Control Records, Type 1. At the time a new UCX or UCFE initial claim is filed and when assignable UCX or UCFE wages are in the lag period of the initial claim, the State agency will generate a Type 1 request record to the LCCC. Each Type 1 request, UCX and UCFE, is matched against the Claim Control file and against the DD 214 file. The Type 1 request serves as the request for UCX wage and separation information. When a DD Form 214 is on file, the LCCC will respond with wage and separation information from up to two (2) DD Forms 214. Because the electronic record format does not accommodate more than two (2) DD Forms 214, when there are more than two on file, the LCCC will advise the State agency and FAX a copy of each form to the State agency for its review and determination. When the UCFE request is matched against the DD Form 214 file, no pending record will be created if there is no DD Form 214 on file.

6.   Preparing a Type 2 Claims Control Record. A Claims Control record notifies the LCCC that a benefit year has been established that used and assigned UCFE or UCX base period wages or assigned lag period wages. This record is maintained by the LCCC in the Claims Control file for two (2) years. A Type 2 record, identified as UCFE, UCX or Joint, is prepared and transmitted by the State at the time that a benefit year is established that used any UCX or UCFE wages in the determination of monetary entitlement.

The Type 2 Claims Control record must be created as soon as a benefit year is established and transmitted immediately (same day) because, prior to receipt of the Claim Control record, there is no Claim Control record on file at the LCCC to prevent the LCCC from responding to another State's request.

When preparing Type 2 records, program type "X" means that some UCX wages have been used in the monetary determination. Program type "F" means that some UCFE wages have been used in the monetary determination. Program type "J " means that both UCX and UCFE wages have been used in the monetary determination. This means that for purposes of this system, UI-UCFE or UI-UCX

claims are identified by the Federal program type of UCFE or UCX, as appropriate. The Claim Control record is generated by the State agency that assigns wages to the State. The paying State on a combined wage claim (CWC) is responsible for assigning base period wages used in the determination of the CWC claim. When the UCFE or UCX wages have been transferred from another State(s), the paying State must identify the transferring State(s) on the Claim Control record by FIPS Code(s). The State agency should implement a procedure that automatically creates the Claim Control record when the State agency issues an eligible monetary determination.

7. **Preparing a Type 3 Wage Assignment Only Record**.   A Type 3 record is prepared and transmitted to the LCCC when a UI benefit year is established which causes the assignment of lag period UCX or UCFE wages and when a benefit year is established by another State which causes a wage assignment in your State, i.e., State "A" transferred base period UCX wages to State "B" and State "B" established a benefit year. State "A" prepares a Type 3 control to assign any lag period wages upon the receipt of a Report on Determination of Combined Wage Claim, TC-IB5, that a benefit year has been established by the paying State (State "B").

As a transferring State for a combined wage claim, the State agency has to implement a procedure that assigns lag period wages by creating a Type 3 "wage assignment only" Claims Control record upon receipt of a Form IB5 showing a benefit year has been established by the paying State. The transferring State does not send a Type 2 Claims Control record pertaining to the base period wages that are reassigned to the paying State.

8. **Preparing a Type 4 Request Record, Cancellation of Type 2 Claim Control Record**. A Type 4 record cancels a previously transmitted Type 2 record from the LCCC Claims Control file. This type 4 record is prepared and transmitted when a UCX, UCFE or Joint (UCX-UCFE) benefit year is canceled for any reason.

9. **Preparing a Type 5 Request Record, Cancellation of Type 3 Wage Assignment Only Control Record**. A Type 5 record cancels a previously transmitted Type 3 record from the LCCC Claims Control file. This type 5 record is prepared and transmitted when a benefit year that caused an assignment is canceled.

10. **Preparing a Type 6 Request Record, Cancellation of UCX Pending Record.** A Type 6 record cancels a pending record from the DD Form 214 Response Pending file at the LCCC. A Type 6 cancellation record is sent when a UCX claim is withdrawn or

canceled, or erroneous information, e.g., incorrect separation date, on the Type 1 record caused an erroneous pending record to be created. Upon receipt of a response record that contains an informational message number 2,6, or 28, (see messages - pages 27-32) the State agency should review the claim to determine if a Type 6 record is necessary. The Type 6 record serves as notification to LCCC to discontinue contact with the military (DOD) concerning the missing DD Form 214.

11.   Transmitting Records to LCCC. All record types should be transmitted to LCCC on a daily basis.

     a.   Test Records - Job Control Language. To send test records to LCCC, use the following Job Control Language with appropriate modifications as follows: 1) Replace "SS" with the State's alpha postal abbreviation; and 2) Replace "state name" with the name of the xmitting State.

```
//UIXFESSA  JOB (3777,XXXXXXXX,XX,XXXX),'STATE NAME',
//           MSGLEVEL=(1,1),CLASS=G
//XFELIB JCLLIB ORDER=UI.XFE.PROCLIB
//PROCA EXEC XFESSAT
//STEP1.SYSUT1 DD *
your data, i.e., UCX/UCFE SESA TRANSMITTAL RECORDS
/*
//
```

NOTE: The 160-byte transmittal records will need to be xmitted in 2 80-byte records per SSN. The LCCC will reblock the two (2)80-byte records back to a single 160-byte record to process the data.

     b.   Production Records - Job Control Language. To send production records to the LCCC, use the following Job Control Language with appropriate modifications as follows: 1) Replace "SS" with the State's alpha postal abbreviation; and 2) Replace "state name" with the name of the xmitting State.

```
//UIXFESSA  JOB (3777,XXXXXXXX,XX,XXXX),'STATE NAME',
//           MSGLEVEL=(1,1),CLASS=G
//XFELIB JCLLIB ORDER=UI.XFE.PROCLIB
//PROCA EXEC XFESSA
//STEP1.SYSUT1 DD *
your data, i.e., UCX/UCFE SESA TRANSMITTAL RECORDS
/*
//
```
NOTE: The 160-byte transmittal records will need to be transmitted in two (2) 80-byte records per SSN. The LCCC will reblock the two (2) 80-byte records back to a single 160-byte record to process the data.

12. **R**eceiving Response Records From LCCC. The LCCC will use a single 960 character record to respond to all State agency requests for both UCX and UCFE. States will receive electronic responses, identified by the six different request record types. The response records will be 960-bytes deblocked to twelve (12) 80-byte records by the LCCC for transmission to the State. **The State will have to reblock to a single 960-byte response record to process.** The response record type, identified in Field 121 will be a copy of the record type as shown on the request record in Field 22, except when the response is a copy of the Claim Control Record. When the response includes information from a Claim Control record, record Type 2 will be shown in Field 121 to alert the State agency that the information in Fields 5-15 represents a copy of a Claims Control record that is on file.

Response records will contain flags and messages to alert the State when there is an existing benefit year, wages previously assigned, etc. The message numbers and flags can be used by the State to post information to benefit files or to sort incoming records for review, as necessary.

13.   **L**CCC Response Record Layout. The following response record layout is used for all record types by the LCCC to respond to all State request records. **Please Note**: States will continue to receive response records from the "inquiry" file in the same manner that they have always received information from the LCCC. States will not stop receiving the old type responses until the transition period ends.

LCCC RESPONSE RECORD LAYOUT					
FLD NBR	FIELD NAME	FIELD TYPE	BEGIN COLUMN	FIELD LENGTH	DESCRIPTION
1	Social Security No.	N	1	9	Claimant's Social Security Number
2	Claimant's Name - First	A/N	10	12	Claimant's first name.
3	Claimant's Name - Middle Initial	A/N	22	1	Claimant's middle initial.
4	Claimant's Name - Last Name	A/N	23	17	Claimant's last name.

5	Program Type	A/N	40	1	Program Type as shown on incoming request: F = UCFE X = UCX J = Joint (UCFE/UCX)
6	Effective Date of Claim	N	50	8	Effective date of the initial claim. Format is: CCYYMMDD, e.g. 20000702 = July 2, 2000.
7	Last Day of Work	N	58	8	UCX Separation Date . Format is: CCYYMMDD, e.g. 20000705 = July 5, 2000
8	Last Day of Work	N	66	8	UCFE Separation Date. Format is: CCYYMMDD, e.g., 20000705 = July 5, 2000
9	Other Social Security Number	N	41	9	Claimant's other Social Security Number as shown on incoming request.
10	Base Period Beginning Date	N	74	8	The beginning date of the base period of the claim. Format is: CCYYMMDD, e.g., 19990401 = April 1, 1999.
11	Base Period Ending Date	N	82	8	The ending date of the base period of the claim. Format is: CCYYMMDD , e.g., 20000331 = March 31, 2000.
12	Benefit Year Ending Date	N	90	8	The ending date of the benefit year for the claim. Format is: CCYYMMDD, e.g., 20010701 = July 1, 2001.
13	State FIPS Code	N	98	2	For "Record Types" 1, 3, 4, 5 or 6 (shown in Field 121), this is the FIPS Code of the State that sent the request record to the LCCC. For "Record Type" 2 (shown in Field 121), this is the FIPS Code of the State that submitted the Claims Control Record to the LCCC.
14	Transferring State's FIPS Code	N	100	2	FIPS Code of first transferring State shown on Claims Control Record.
15	Transferring State's FIPS Code	N	102	2	FIPS Code of second transferring State shown on Claims Control Record.

16	Branch of Service	N	104	2	Two digit code for the Branch of Service. Blank for Program Type "F". Valid entries for Program Types "X" or "J" are: Army = 01 Navy = 02 Air Force = 03 Marines = 04 Coast Guard = 05 NOAA = 06
17	Call Center/Local Office ID number	A/N	106	4	Call Center/Local Office Number. Right justified.
18	Transmission Date	A/N	110	8	Date that the State's request record was transmitted by State to the LCCC. Format is: CCYYMMDD.
19	Component	A/N	118	30	Identifies the Component of the Branch of Service as shown on the DD 214, e.g., Army Reserve.
20	LCCC Process Date	N	148	8	Date that the LCCC processed the State's request record. Format is: CCYYMMDD
21	1st Quarter Date	N	156	5	Identification of the 1st quarter ending after the beginning date of the base period shown on the request record. Format is: CCYYQ, e.g., 20001 = 1st quarter of the year 2000.
22	1st Qtr wages	N	161	8	Amount of wages for the quarter identified in field 21, right justified, e.g., 012345v67 = $12,345.67. (v = implied decimal)
23	1st Qtr Number of Weeks worked	N	169	2	Number of weeks worked during the quarter identified in field 21, right justified, e.g., 06 = 6 weeks.
24	1st Qtr Number of hours worked	N	171	3	Number of hours worked in the quarter identified in field 21, right justified, e.g., 040 = 40 hours.

25	1st Qtr Branch of Service	A/N	174	2	Identifier for Branch of Service for employment and wages during the quarter identified in Field 21. Code will be "99" if wages are from more than one Branch.
26	2nd Quarter Date	N	176	5	Identification of the 2nd quarter ending after the beginning date of the base period shown on the request record. Format is: CCYYQ, e.g., 20002 = 2nd quarter of the year 2000.
27	2nw Qtr wages	N	181	8	Amount of wages for the quarter identified in Field 26, right justified, e.g., 012345v67 = $12,345.67.
28	2nd Qtr Number of Weeks worked	N	189	2	Number of weeks worked in the quarter identified in Field 26, right justified, e.g., 06 = 6 weeks.
29	2nd Qtr Number of hours worked	N	191	3	Number of hours worked in the quarter identified in Field 26, right justified, e.g., 040 = 40 hours.
30	2nd Qtr Branch of Service	A/N	194	2	Identifier for Branch of Service for employment and wages during the quarter identified in Field 26. Code will be "99" if wages are from more than one Branch.
31	3rd Quarter Date	N	196	5	Identification of the 3rd quarter ending after the beginning date of the base period shown on the request record. Format is: CCYYQ, e.g., 20003 = 3rd quarter of the year 2000.
32	3rd Qtr wages	N	201	8	Amount of wages for the quarter identified in Field 31, right justified, e.g., 012345v67 = $12,345.67.
33	3rd Qtr Number of Weeks worked	N	209	2	Number of weeks worked during the quarter identified in Field 31, right justified, e.g., 06 = 6 weeks.

34	3rd Qtr Number of hours worked	N	211	3	Number of hours worked during the quarter identified in Field 31, right justified, e.g., 040 = 40 hours.
35	3rd Qtr Branch of Service	A/N	214	2	Identifier for Branch of Service for employment and wages during quarter identified in Field 31. Code will be "99" if wages are from more than one Branch.
36	4th Quarter Date	N	216	5	Identification of the 4th quarter ending after the beginning date of the base period shown on the request record. Format is: CCYYQ, e.g., 20004 = 3rd quarter of the year 2000.
37	4th Qtr wages	N	221	8	Amount of wages for the quarter identified in Field 36, right justified, e.g., 012345v67 = $12,345.67.
38	4th Qtr Number of Weeks worked	N	229	2	Number of weeks worked during the quarter identified in Field 36, right justified, e.g., 06 = 6 weeks.
39	4th Qtr Number of hours worked	N	231	3	Number of hours worked during the quarter identified in Field 36, right justified, e.g., 040 = 40 hours.
40	4th Qtr Branch of Service	A/N	234	2	Identifier for Branch of Service for employment and wages during quarter identified in Field 36. Code will be "99" if wages are from more than one Branch.
41	5th Quarter Date	N	236	5	Identification of the 5th quarter ending after the beginning date of the base period shown on the request record. Format is: CCYYQ, e.g., 20011 = 1st quarter of the year 2001.

42	5th Qtr wages	N	241	8	Amount of wages for the quarter identified in Field 41, right justified, e.g., 012345v67 = $12,345.67.
43	5th Qtr Number of Weeks worked	N	249	2	Number of weeks worked during the quarter identified in Field 41, right justified, e.g., 06 = 6 weeks.
44	5th Qtr Number of hours worked	N	251	3	Number of hours worked during the quarter identified in Field 41, right justified, e.g., 040 = 40 hours.
45	5th Qtr Branch of Service	A/N	254	2	Identifier for Branch of Service for employment and wages during the quarter identified in Field 41. Code will be "99" if wages are from more than one Branch.
46	6th Quarter Date	N	256	5	Identification of the 6th quarter ending after the beginning date of the base period shown on the request record. Format is: CCYYQ, e.g., 20012 = 2nd quarter of the year 2001.
47	6th Qtr wages	N	261	8	Amount of wages for the quarter identified in Field 46, right justified, e.g., 012345v67 = $12,345.67.
48	6th Qtr Number of Weeks worked	N	269	2	Number of weeks worked during the quarter identified in Field 46, right justified, e.g., 06 = 6 weeks.
49	6th Qtr Number of hours worked	N	271	3	Number of hours worked during the quarter identified in Field 46, right justified, e.g., 040 = 40 hours.

50	6th Qtr Branch of Service	N	274	2	Identifier for Branch of Service for employment and wages during the quarter identified in Field 46. Code will be "99" if wages are from more than one Branch.
51	7th Quarter Date	N	276	5	Identification of the 7th quarter ending after the beginning date of the base period shown on the request record. Format is: CCYYQ, e.g., 20013 = 3rd quarter of the year 2001.
52	7th Qtr wages	N	281	8	Amount of wages for the quarter identified in Field 51, right justified, e.g., 012345v67 = $12,345.67.
53	7th Qtr Number of Weeks worked	N	289	2	Number of weeks worked in 7th quarter, right justified, e.g., 06 = 6 weeks.
54	7th Qtr Number of hours worked	N	291	3	Number of hours worked in the 7th quarter, right justified, e.g., 040 = 40 hours.
55	7th Qtr Branch of Service	A/N	294	2	Identifier for Branch of Service for wages during quarter identified in Field 51. Code will be "99" if wages are from more than one Branch.
56	8th Quarter Date	N	296	5	Identification of the 8th quarter ending after the beginning date of the base period shown on the request record. Format is: CCYYQ, e.g., 20014 = 4th quarter of the year 2001.
57	8th Qtr wages	N	301	8	Amount of wages for the quarter identified in Field 56, right justified, e.g., 012345v67 = $12,345.67.
58	8th Qtr Number of Weeks worked	N	309	2	Number of weeks worked in 8th quarter, right justified, e.g., 06 = 6 weeks.

59	8th Qtr Number of hours worked	N	311	3	Number of hours worked in the 8th quarter, right justified, e.g., 040 = 40 hours.
60	8th Qtr Branch of Service	A/N	314	2	Identifier for Branch of Service for wages during quarter identified in Field 56. Code will be "99" if wages are from more than one Branch.
61	9th Quarter Date	N	316	5	Identification of the 9th quarter ending after the beginning date of the base period shown on the request record. Format is: CCYYQ, e.g., 20021 = 1st qtr of the year 2002.
62	9th Qtr wages	N	321	8	Amount of wages for the quarter identified in Field 61, right justified, e.g., 012345v67 = $12,345.67.
63	9th Qtr Number of Weeks worked	N	329	2	Number of weeks worked in 9th quarter, right justified, e.g., 06 = 6 weeks.
64	9th Qtr Number of hours worked	N	331	3	Number of hours worked in the 9th quarter, right justified, e.g., 040 = 40 hours.
65	9th Qtr Branch of Service	A/N	334	2	Identifier for Branch of Service for wages during quarter identified in field 61. Code will be "99" if wages are from more than one Branch.
66	Warning Flag	A/N	336	1	X = Warning, potential issue Blank = No potential issue detected
67	1st Full Term of Service Completed	N	337	1	Y = Yes N = No U = Unknown
68	Narrative Reason for Separation	N	338	130	This is the "narrative reason for separation" from the DD Form 214.
69	Service Entry Date	N	468	8	Date entered military service.

70	Net Service	N	476	6	This is the number of years, number of months and number of days of net service, e.g., 031122 = 3 years, 11 months, 22 days.
71	Prior Active Service	N	482	6	This is the number of years, number of months and number of days of prior active service, e.g. 031122 = 3 years, 11 months, 22 days.
72	Character of Service	A/N	488	2	"HO" = Honorable "UH" = General, Under Honorable Conditions "DH" = Dishonorable "BC" = Bad Conduct "NA" = Uncharacterized or Blank "UO" = Other than Honorable
73	Accrued Leave	N	490	4	The number of days of accrued leave for which the individual received Lump Sum Payment. The format is 999v9 = 999.5 (v= implied decimal) to allow for partial days.
74	Separation/-Severance Pay	N	494	8	The amount of military severance/separation pay paid to the individual upon release. The format is 012345v67 = 999,999.99
75	Disability Pension Pay	N	502	8	The amount of Disability. The format is 012345v67 = 999,999.99
76	U.S. National	A/N	510	1	Identifies individual as a US citizen/ National. Entries are: Y = Yes N = No U = Unknown
77	Retirement	A/N	511	1	Identifies Retirement from Military Service. Entries are: Y = Yes N = No
78	Pay Grade	A/N	512	3	Identifies military pay grade from the DD 214 that was used in calculating wages.

79	Days Lost - Start 1st occurrence	N	515	8	Beginning date for first occurrence of days lost. Format is CCYYMMDD.
80	Days Lost - End 1st occurrence	N	523	8	Ending date for first occurrence of days lost. Format is CCYYMMDD.
81	Days Lost - Start 2nd occurrence	N	531	8	Beginning date for second occurrence of days lost. Format is CCYYMMDD.
82	Days Lost - End 2nd occurrence	N	539	8	Ending date for second occurrence of days lost. Format is CCYYMMDD.
83	Days Lost - Start 3rd occurrence	N	547	8	Beginning date for third occurrence of days lost. Format is CCYYMMDD.
84	Days Lost - End 3rd occurrence	N	555	8	Ending date for third occurrence of days lost. Format is CCYYMMDD
85	Days Lost - Start 4th occurrence	N	563	8	Beginning date for fourth occurrence of days lost. Format is CCYYMMDD
86	Days Lost - End 4th occurrence	N	571	8	Ending date for fourth occurrence of days lost. Format is CCYYMMDD
87	Microfilm ID	N	579	12	LCCC Microfilm ID number
88	Second DD-214 Separation Date	N	591	8	Separation Date from a second DD-214 with service period after the beginning date of the base period shown on the request.
89	Second DD-214 Component	A/N	599	30	Service Component from the DD-214 identified in field 88.
90	Second DD-214 Service Entry Date	N	629	8	Service Entry Date from the DD-214 identified in field 88.
91	Second DD-214 Net Service	N	637	6	Net Service from the DD-214 identified in field 88.
92	Second DD-214 Prior Active Service	N	643	6	Prior Active Service from the DD-214 identified in field 88.
93	Second DD-214 Accrued Leave	N	649	4	Accrued Leave from the DD-214 identified in field 88.

94	Days Lost - Start 5th occurrence	N	653	8	Beginning date for fifth occurrence of days lost. Format is CCYYMMDD.
95	Days Lost - End 5th occurrence	N	661	8	Ending date for fifth occurrence of days lost. Format is CCYYMMDD.
96	Days Lost - Start 6th occurrence	N	669	8	Beginning date for sixth occurrence of days lost. Format is CCYYMMDD.
97	Days Lost - End 6th occurrence	N	677	8	Ending date for sixth occurrence of days lost. Format is CCYYMMDD.
98	Days Lost - Start 7th occurrence	N	685	8	Beginning date for seventh occurrence of days lost. Format is CCYYMMDD.
99	Days Lost - End 7th occurrence	N	693	8	Ending date for seventh occurrence of days lost. Format is CCYYMMDD.
100	Days Lost - Start 8th occurrence	N	701	8	Beginning date for eight occurrence of days lost. Format is CCYYMMDD.
101	Days Lost - End 8th occurrence	N	709	8	Ending date for eight occurrence of days lost. Format is CCYYMMDD.
102	Second DD-214 Microfilm ID	N	717	12	LCCC Microfilm ID number
103	Message No. 1	A/N	729	3	The number of the 1st message included in the response record.
104	Message No. 2	A/N	732	3	The number of the 2nd message included in the response record.
105	Message No. 3	A/N	735	3	The number of the 3rd message included in the response record.
106	Message No. 4	A/N	738	3	The number of the 4th message included in the response record.
107	Message No. 5	A/N	741	3	The number of the 5th message included in the response record.
108	Message No. 6	A/N	744	3	The number of the 6th message included in the response record.

109	Message No. 7	A/N	747	3	The number of the 7th message included in the response record.
110	Message No. 8	A/N	750	3	The number of the 8th message included in the response record.
111	Message No. 9	A/N	753	3	The number of the 9th message included in the response record.
112	Message No. 10	A/N	756	3	The number of the 10th message included in the response record.
113	Message No. 11	A/N	759	3	The number of the 11th message included in the response record.
114	Message No. 12	A/N	762	3	The number of the 12th message included in the response record.
115	Message Area	A/N	765	70	A text message will be provided in this field when there is information (i.e., names, dates, etc.) that has to be provided to the State.
116	Message Separation date	A/N	835	8	This separation date is provided for use with message number 028. (See page 29)
117	Message Branch wages	A/N	843	25	Branch and wage information provided for use with message number 014. (See page 27)
118	Edit/Process flag	A/N	868	1	This field identifies the point that an error or an informational message is generated. This flag is used in conjunction with the message number(s) shown in fields 103-114 to translate the message narrative. 'E' = Pre-Processing Edit error, record is rejected. 'P' = Message created during processing.

119	Amended Response flag	A/N	869	1	Identifies amended responses: 'Y' = amends previous response. 'N' = initial response.
120	Filler	A/N	870	90	Blank
121	Record Code Type	N	960	1	This field contains the 'Record Type Code" from the input record. Exception: When a control record is returned as part of the response, this code will identify the record type control record. When this code is 2 or 3, it serves as a flag that information from a control record has been provided for review.
	TOTAL RECORD		960		

14.   Response to Request Record Type 1, Initial Claim Request.   In response to a Type 1 UCX request, the State should expect to receive an electronic record from the new system, identified as a Type 1 response record in Field 121, which includes UCX wage and separation information. However, when there is a Claim Control record on file in the new Claim Control file, the State will receive a Type 2 response that includes a copy of the Claim Control record in Fields 5-15, and depending on the Claim Control record information, may also include UCX wage and separation information. During the transition period, which will last until all States are operational on the new system and the records in the "inquiry" control file are no longer applicable to new claims, the State must also be prepared to receive information from the "inquiry" control file in the same manner that it has received information in the past, when a record was found.

The response type and the message number dictates how the record should be handled by the State, e.g., when the response is a type 1 and contains message code number 030 ("Wages must be reduced by days lost on DD 214. DD 214 being faxed"), the State may choose to sort this record to a file that will allow State staff to make the necessary wage adjustments before loading the wages to the State's wage file.

The response record contains 12 fields to display message numbers and one field to provide a narrative message. Under some circumstances when specific information such as dates, other

names, breakout of wages for different Branches of Service, etc., need to be provided to the State, narrative will be included in the response. In all other cases, only a message number will be provided. The State will have to translate the number to the narrative. The message numbers and their meanings are provided under item 14. b. of this document.

    a. **Pending Records**. A pending record is created when there is no DD Form 214 on file that matches the separation date of the UCX request. When 21 days since the separation date have elapsed, the LCCC will send a request to the DOD for the DD Form 214. When a response is received from the DOD, the State agency will receive an amended response to its request.

    b. **Informational Messages**. The LCCC is <u>not</u> authorized to make determinations regarding claimant eligibility. Therefore, the LCCC will transmit wage and separation information from the DD Form 214 record unless there is a Claim Control record on file containing the **same** separation date as the incoming request record. It is the State's responsibility to review the messages and determine if its claim and use of wages is appropriate. **Please note**: Message # 032 is used as an additional alert to the type of military discharge. The specific type is identified in "Character of Service," field 72, of the response record. Information from field 72 must be used to determine if wages provided are usable.

The following messages will be used to inform the State of problems with the incoming request that are detected during processing, to notify the State of potential issues, and to inform the State of actions being taken by the LCCC with respect to the incoming request.   When the State receives one of the following messages, there will be an "p" in field 118 of the response record, meaning that the record was sent to processing and the message was generated during processing.

Message #	Narrative	Examples of when the message is generated
001	Prior request. Response Pending.	A prior UCX request has been received and a pending record is on file.
002	No control record or DD 214 on file. Response Pending.	A UCX request has been received and a UCX pending record created. (State should use this notice to initiate affidavit using claimant's copy of DD Form 214.)

003	Pending record deleted.	Confirms the LCCC processing of request to delete a pending record.
004	No control record or DD 214 on file.	Confirms the LCCC processing of a UCFE Type 1 request.
005	No pending record on file to delete.	Notification that the State submitted a Type 6 request to cancel a pending record and no pending record was found on the LCCC file.
006	Control record on file. No DD 214 on file. Response pending.	Generated when a Type 1 UCX request is processed, there is no DD Form 214 on file with a matching separation date and a pending record is created. There is a Control Record on file with a benefit year in effect or a separation date that falls within the base period of the new claim. A copy of the Control Record is included in the response. (If after a review of the Control Record information it is determined that the claim is inappropriate, send request record Type 6 to cancel the pending record.)
007	Wages previously assigned. If subsequent DD 214 on file, wages sent.	Sent when the separation date on the incoming request matches the separation date on a claims Control Record to explain the source of the wage and separation information provided in the response. The separation date shown in the response will be from the latest DD Form 214.
008	Narrative reason for separation exceeds 130 characters.	Self Explanatory. When this message is generated, the LCCC will FAX the State agency a copy of the DD Form 214.
009	Control record on file.	Sent when the separation date on the incoming request matches the separation date on a claims Control Record or the separation date on the Control Record is greater than the base period begin date of the claim. A copy of the Control Record is included in the response.

010	No Control record on file. Wages sent from DD Form 214.	Sent when the request record is for UCFE and the secondary DD Form 214 file matching produced a DD Form 214 with a separation date subsequent to the beginning of the base period of the new claim and there is no UCX control record.
011	Name on request was_____.	Sent when there is claims control record on file under the social security number with a different name from the request. The name on the request is being provided because the response record contains a copy of the Claims Control Record.
012	Control record on file. Prior claim filed since separation date.	Sent for UCX or UCFE requests when a claims control record shows a prior claim filed after the separation date shown on the request.
013	Control record on file for UCX claim.	Sent when a UCFE Type 1 record is received and there is a UCX Control Record on file with a separation date that is after the base period beginning date and/or with a benefit year ending date that is greater than the effective date of the new claim.
014	CCYYQ Branch Wages = Branch wages = _____.	Sent when there is more than one DD Form 214 on file with base period wages from different branches of service in the same quarter. This is a breakout of the wages by branch of service for the quarter for benefit charging purposes.

015	Wages previously assigned.	Sent when there is a wage assignment Control Record on file with a matching separation date to that of a Type 1 the request record or a Control Record from the same State. (Control Records showing the same separation date can be filed by different States because of wage transfers.)
016	Amended Response, wages sent from DD-214.	Sent when a DD Form 214 is received after the initial response or when a DD Form 214 is canceled and replaced with another DD Form 214.
017	Amended Response, DD-215 on file.	Sent when a DD Form 215 is received and there is a claim Control Record on file.
018	Amended Response. LCCC data entry correction.	Sent when the LCCC detects a data entry error to a critical data element that may affect the information previously provided.
019	Claims Control Record deleted.	Sent to confirm a deletion of a claims control record.
020	No Control record to be canceled.	Sent when a record Type 3 is received to delete a Type 2 record and there is no Type 2 record on file.
021	Invalid Control Card Sent	
022	Duplicate Claims Control Record Sent.	Self Explanatory.
023	Control Record Accepted.	Generated to confirm receipt of claims Control Record.
024	Wages Previously Assigned. Wages sent from DD Form 214.	Sent when the separation date on the request matches the separation date on a wage assignment Control Record and there is a subsequent DD Form 214 on file.

025	Claim Control Record on file. Wages sent from DD Form 214.	Sent when the separation date on the request matches the separation date on a Claim Control Record and there is a subsequent DD Form 214 on file.
026	Request Record Accepted.	Self Explanatory.
027	Separation date precedes base period begin date.	Sent when the separation date on the request record is before the beginning date of the base period for the claim. If there is a subsequent DD Form 214 on file with dates that fall within the base period of lag period, the information will be sent.
028	Req sep date MM/DD/YY is different from 214 sep date. Pdg rec created.	Sent when there is a DD Form 214 on file with a date of separation greater than the base period beginning date, but it does not match the date shown on the incoming request record. The separation date from the request is provided because the separation date in field 7 of the response is from the Control Record.
029	More than 2 DD-214s on file. Copies of DD-214s being faxed.	Sent when more than 2 DD Forms 214 are on file. UCX wage calculation system and response record format cannot handle more than 2 DD Forms 214. (Warning flag set)
030	Wages must be reduced by days lost on the DD-214. DD-214 being faxed.	Generated when more than four occurrences of lost days appear on the DD Form 214. Record format only accommodates four occurrences. The wages provided have not been reduced by the days lost. State will have to make wage reduction adjustment(s). (Warning flag set)
031	First full term unknown. DD-214 being faxed.	Generated when the LCCC is unable to determine if the 1st full term has been completed. The State will have to make a determination upon review of DD Form 214 and using the claimant's affidavit/ certification, if necessary. (Warning flag set)

032	Character of service not honorable.	Generated when character of service shown in Field 72 is anything other than "HO." (Warning flag set)
033	Used only one of the two SSNs to calculate.	Generated when two SSNs in request record and information is found for one SSN only. (Warning flag set)
034	Unable to calculate wages. DD Form 214 info provided.	Generated when there is a backdated claim with an effective date that is earlier than the effective date of the earliest military wage table (Schedule of Remuneration) on file.
035	Name on 214 rec is _____.	Generated when there is a different name on the DD Form 214 record than is on the incoming request. (Warning flag set)
036	Name on 5616 rec is _____.	Generated when there is a different name on the NOAA 5616 record than is on the incoming request. (Warning flag set)
037	214 names _____. _____.	Generated when there are 2 names on the DD Form 214 records that are different from the name on the incoming request. (Warning flag set)
038	5616 names _____. _____.	Generated when there are 2 names on the NOAA 56-16 records that are different from the name on the incoming request. (Warning flag set)
039	Amended Response, DD Form 214 deleted by Military.	Generated when the military deletes a DD Form 214 and there is no replacement DD Form 214 sent.

040	Wages previously assigned, need Trans FIPS Identified on Control Rec.	Generated when there is a Type 3 Control Record from a different State with the same separation date on file.
041	Separation pay greater than 99999.99. DD 214 being faxed.	Generated when the Separation Pay field is equal to 99999. The LCCC can only accommodate 5 positions for this field. If the amount is more than 5 positions, this field will be filled with all 9s and the DD 214 will be faxed to the requesting State.

15. **A**mended UCX Responses. The State agency will receive an amended response record any time the LCCC receives a new DD 214, or a DD Form 215 that changes critical information. Amended responses will carry a record Type 1 even though the initial response may have been coded Type 2 or 3. Information from the Claims Control file that may have caused the original response to be coded Type 2 or 3 will not be provided again.

16. **R**ejected Record - Error Messages. When the State receives one of the following error messages, there will be an "e" in Field 118 of the response record. An "e" means that the record did not pass the initial edits and has been rejected prior to processing.

Using the 960 character response record format, Fields 1 thru 18 of the response record will be a copy of Fields 1 thru 18 of the request record submitted by the State. Additional fields that will be completed are: Field 103 (providing the error message number); Field 118 (providing an "edit/process flag" of "e" for error); and Field 121 (copy of Field 20 from the incoming request record).

Following are the record rejection error message numbers and the narrative language.

Message #	Narrative
001 =	Record code type invalid
002 =	Invalid Program type
003 =	Invalid Social Security Number - not numeric
004 =	Invalid Social Security Number not > zero
005 =	Invalid Social Security Number first 3 digits not > zero
006 =	Invalid Social Security Number middle 2 digits not > zero
007 =	Invalid Social Security Number last 4 digits not > zero
008 =	Invalid first name missing
009 =	Invalid first name
010 =	Invalid middle initial
011 =	Invalid last name without first character
012 =	Invalid last name missing
013 =	Invalid last name
014 =	Effective date of claim invalid
015 =	Last day of work (UCX sep date) invalid
016 =	Last day of work (UCFE sep date) invalid
017 =	Base Period Begin date invalid
018 =	Base Period Ending date invalid
019 =	Benefit Year Ending date invalid
020 =	State FIPS code invalid
021 =	First transferring State FIPS code invalid
022 =	Second transferring State FIPS code invalid
023 =	Branch of service must be space for UCFE
024 =	Branch of service invalid
025 =	Transmission Date invalid
026 =	Invalid other Social Security Number - Not numeric
027 =	Invalid other SSN -First three digits not > zero.
028 =	Invalid other SSN -Middle two digits not > zero
029 =	Invalid other SSN -Last four digits not > zero
030 =	State FIPS Code not Numeric
031 =	First Transferring State FIPS Code Not Numeric
032 =	Second Transferring State FIPS Code Not Numeric
033 =	Invalid Program Type For Record Code
034 =	State FIPS Code Not Your State Code

17. **O**ptional **Print Program.** A print program used during the testing of the new system is available from the LCCC. If the State is interested in obtaining this print program, contact Rezzie Meyers at 1-800-535-8100. **Note:** The LCCC is not able to provide States with on-going support pertaining to this print program.

The print program will read the individual records in the response

file and print formatted readable records on a separate page for each social security number. The first records to print will be rejected records. These records will carry an "e" in Field 115 indicating that the record did not pass the initial edits and was rejected prior to processing. The second records to print will be those with a "p" in Field 115 indicating that the record was processed by the LCCC. At the end of all records, a summary page will be printed that contains the total number of rejected records and the total number of processed records in the batch.

18. **Using an Affidavit to Establish UCX Eligibility**. When the LCCC does not have a DD Form 214 on file, UCX benefits will no longer be withheld pending its receipt. States are now authorized to use the claimant's copy 4 of a DD Form 214 as an affidavit upon receipt of a notice from the LCCC that there is no DD Form 214 on file. The State should develop a system to electronically generate a request to the claimant for a copy of the claimant's DD Form 214 upon receipt of this notice. Ideally, the State may consider implementing this as a feature accessible from a screen used to view response records, a PF key could be used to initiate this request to the claimant after staff has reviewed the response to insure that there has been no data entry error on the request record separation date that caused an erroneous pending record to be created.

19. **UCFE Forms and Corresponding Electronic Record Formats**. Each State agency is required to reproduce the UCFE forms as designed, except that if the State uses "weeks of employment" or "hours worked" information, item 9B of the ETA 931 may be modified.

Any other proposed modification of the paper forms should be submitted to the USDOL National Office through the appropriate Employment and Training Administration Regional Office for review and approval. *NOTE*: State agency modifications to the electronic record formats are not permitted.

20. **UCFE - Generating Requests for Wage and Separation Information to Federal Agencies**. An ICON UCFE Support System application has been developed for States' use to generate requests for Federal civilian wage and separation information. This application supports the creation and delivery of hardcopy and electronic versions of the ETA-931, Request for Wage and Separation Information, the ETA-931A, Request for Separation Information, and the ETA-934, Request for Additional Information.

Each request is data entered to the ICON UCFE Support System. The appropriate type of request, mail or electronic, will be generated

based on the delivery indicator for the Federal agency. This indicator is maintained in the Directory of Federal Agencies and will be dynamically moved to Field number 17 of the TC-ETA-931 and TC-ETA-931A, and Field number 15 of the TC-ETA-934. The request records will be generated as follows:

- Type 1, Delivery Indicator. A type "1" delivery indicator causes an electronic TC-ETA-931 to be transmitted to the employer requesting both wage and separation information.

- Type 2, Delivery Indicator. A type "2" delivery indicator causes an electronic request for wages to be sent to the federal agency for wage information and a copy of the request, including the name and address of the agency, to e written to a "flat" file for the State to use to complete a form ETA-931 for mailing to the federal agency to obtain separation information.

- Type 3, Delivery Indicator. A type "3" delivery indicator causes a request record, including the name and address of the federal agency, to be written to a "flat" file for the State to use to complete a form ETA-931 for mailing to the federal agency to obtain wage and separation information. Using the information from the "flat" file to address a preprinted form or to complete a computer printed form is a programming responsibility of the State.

An electronic record of each request entered ICON UCFE Support System will be sent to the HUB. Records with a '1' or '2' delivery indicator will be forwarded (minus the information carried in Fields 23-34) to the UCFE Server to await pickup by the destination federal agency. The information carried in Fields 23-34 is used for maintenance of the Directory of Federal Agencies. When there has been a entry to the address fields of the record, field 34 will be dynamically marked. Field 34 of all records will be read by the HUB system and when marked will cause a record to be will to an address maintenance file for appropriate action by the National Office. Refer to item 26 below for additional information about the Directory of Federal Agencies.

Below is a copy of the Main Menu for the UCFE system for easy reference.

a. ICON UCFE Support System - Main Menu.

```
                        UCFE SUPPORT SYSTEM
                           MAIN MENU


       OPTION: _        SSN ___ - __ - ____      EFF DT: __ / __ / __

          (1)   ENTER 931              (REQUEST FOR WAGE AND SEPARATION INFO)
          (2)   ENTER 931A             (REQUEST FOR SEPARATION INFO ONLY)
          (3)   ENTER 934              (REQUEST FOR ADDITIONAL INFO)
          (4)   VIEW OUTGOING REQUESTS
          (5)   VIEW INCOMING RESPONSES
          (6)   VIEW FEDERAL ADDRESS DIRECTORY




          PRESS ENTER TO CONTINUE
          PRESS CLEAR TO EXIT
```

b. ETA 931, ICON Data Entry Screen. This data entry screen is used to generate the ETA-931 in hardcopy or electronic form.

```
                        UCFE SUPPORT SYSTEM
            TC-ETA 931 REQUEST FOR WAGE AND SEPARATION INFORMATION


     OPTION: (1)          SSN: (2)                    OFFICE: (3)
     CREATION DATE: (4)                DATE CLM TAKEN: __ / __ / __  (5)
                       EFF DT: 00 / 00 / 00 ( 6)


     NAME: FIRST:  _____( 7) MI:  _ (8  LAST: _____ (9)
     BASE PERIOD:  EX? _ (10)  BEGINS:   __ / __ / __  (11)
     WAGES ONLY:  _ (12)
     FIC:  ___  (13)  DESTINATION:  ____   (14)


   ENTER=ADDRESS SCREEN  PF1=HELP   PF3=SEND  PF4=CANCEL   PF9=NEW CLAIM
   FE009 - ENTER DATA AND THEN PRESS THE ENTER KEY
```

21. ETA-931, Request for Wage and Separation Information - UCFE.

The ETA-931 is used to obtain Federal civilian employment, wage, and/or separation information from a Federal agency and is available in a paper format and an electronic format. The Form ETA-931 is used to obtain Federal civilian wage and separation information when the responding Federal agency is unable to provide any wage or separation information in the electronic format. The electronic TC-ETA-931 is used when the responding Federal agency is able to provide either the claimant's wage or wage and separation information in the electronic format.

STATE IMPLEMENTATION GUIDE
UCFE AND UCX PROGRAM CHANGES

a. <u>Form ETA 931</u>

(1) <u>Front of Form ETA 931</u>

<div style="border: 2px solid">

(STATE AGENCY IDENTIFICATION)

REQUEST FOR WAGE AND SEPARATION INFORMATION- UCFE

1. State Agency Address:	**2. Name of Federal Agency, 3 Digit Agency Code, and Address:**

3. Local Office/Call Center ID: **4. Date of Request:**   **5. Date claim taken:**   **6. Effective Date of Claim:**

7. Name (Last, First , Middle Initial)	**8. Social Security Number**

Instructions: Complete and Return Within 4 Workdays

9. **A. Did this person perform "Federal Civilian Service" as defined for UCFE purposes for your agency at any time during the base period shown in Item 10A below?**   __Yes __No

    B. Under what legal authority was the individual hired? _____

    C. What funding Source was used for salary payments? _____

    D. Were payroll deductions made for Federal and State taxes?   __Yes __No

* **E. Was Employee eligible for:**

    (1) Annual and Sick leave?   ___Yes ___No   **(2) Health and Life insurance?**   __Yes __ No

    (3) Civil Service or FERS retirement?   __Yes __ No

    F. Did the Federal agency provide direction and control?   __Yes __No

    G. Duty Station: Enter State of the person's last employment with your agency (or if outside U.S., enter Country): _____

* **NOTE: If "NO" to D, E (1) through E (3) Explain on separate attachment.**

10. Are base period wages provided electronically? ___Yes ___No. If 'yes', go to item 11. If 'no', report all wages from base period begin date to separation date.
 	
  A. Base period beginning date_____
  B. Report wages for quarters ending after date in 'A' above.
 	
  Qtr. Ending   Year   Gross Wages
  _____ ____ $_____
  _____ ____ $_____
  _____ ____ $_____
  _____ ____ $_____
  _____ ____ $_____
  _____ ____ $_____
  _____ ____ $_____
  _____ ____ $_____
  _____ ____ $_____
  C. Report Hours
    No. of Duty Hours ____ **Workday**
    ____ **Basic Workweek**
	11. Separation, Terminal Annual Leave, and Severance Pay Information
	  A. Did this person receive a lump sum payment(s) for terminal annual leave on or after the beginning date of base period shown in item 10A? ___Yes ___No
	  If "Yes" or if currently entitled to such a payment, enter date below : Payment Date: __/__/__ Days of Leave: ___ Period From: Date: __/__/__To: Date:__/__/__
	  B. Date of Separation__/__/__
	  C. Last day of active pay status __/__/__
	  D. Reason for separation or nonpay status:_____
	  _____
	  _____
	  E. Did this person receive or is he/she entitled to receive severance pay provided by Federal law or agency employee agreement? ___Yes __ No
	  If "Yes" complete the following information:
	  Total Entitlement: $_____ Weekly entitlement: $_____ Beginning date: __/__/__
	  Ending Date: __/__/__

Print Name _____ **Signature**_____	**Title** _____ **Telephone Number (_____) _____ Date___/__/____**

ETA-931(Revised 8/2001)

</div>

(2) Reverse of Form ETA-931.

Important Notice

If a completed Form ETA-931 is not received by the 12th calendar day from the 'date of request,' this agency may pay benefits to the claimant based on his/her affidavit as provided by Department of Labor's Regulation at 20 CFR 609.6(e)(2). Any benefit payments made to the claimant will be charged to the Federal employing agency(ies) in accordance with Section 1023, PL 96-499, Omnibus Reconciliation Act of 1980(94 Stat. 2599).

COMPLETION INSTRUCTIONS TO FEDERAL AGENCY
(Also see Front of this Form)

As an alternative to completing this form, attaching a computer printout containing complete data of the data requested is acceptable if procedures and forms are cleared with the U.S. Department of Labor, Washington, DC 20210, and the State agency has completed items 1-7 and 10A and 10B, which identify the base period and the applicable calendar quarters for which information is requested.

Item 9A asks if the individual performed "Federal Civilian Service." If the Federal agency response is "No," Items 9B through 9F are to be completed. Item 9G will be answered when the individual performed "Federal Civilian Service."

The information is available on the SF-50 or payroll records. Provide a separate attachment if necessary.

Item 10B and 9C. Enter either gross wages, when paid, in Federal Civilian Service or "none" if no wages for that period. Do not include as wages: (1) severance pay, (2) lump sum payment(s) for terminal annual leave, or (3) any other type of separation payment. Enter hours, such as 8 and 40 for full-time employee.

Item 11A.   Self-explanatory.

Items 11B and 11C. Enter dates requested. The date in Item 11C includes annual and sick leave days if earlier than the date of separation (11B) or if employee is not separated.

Item 11D. Obtain agency findings from SF 50: Item 5-B "Nature of Action" and Item 45, "Remarks", or if SF-50 not used, record equivalent information from other separation document(s) your agency used. See Federal Personnel Manual (FPM) supplement 296-33 for standards on work connected "Resignation" cases, carefully review FPM requirements applicable since January 1,1982. If payroll office records are incomplete or inadequate, or if information on SF-50 is not sufficient, check with personnel for additional information and add as part of separation information. ATTACH COPIES OF DOCUMENTS IF APPROPRIATE.

Item 11E. Self-explanatory.

Signature of Official. Form is not complete unless it (or attached computer printout) is signed and dated; also enter signer's title and telephone number.

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(3) Number of copies and distribution. One copy of the Form ETA-93l is to be prepared and forwarded to the Federal agency on the date that the UCFE claim is taken.

(4) Preparation of Form ETA-931. The Form ETA-93l should be completed as follows:

(a)   Item 1, State Agency Address. Enter the address to which the response is to be returned.

(b) Item 2, Name of Federal Agency, 3 Digit Agency Code and Address. Enter the Federal agency, the FIC code and mailing address.

(c) Item 3, Local Office/Call Center ID. Enter the local office/call center identification number.

(d) Item 4, Date of request. Enter the date the Form ETA-93l sent to the Federal agency.

(e) Item 5, Date claim taken. Enter the date that the claim was taken. This should represent the date that application was received from the claimant.

(f) Item 6, Effective date of claim. Enter the date of the first day that the claim is in effect. In most cases, it will be the Sunday preceding the date of filing.

(g) Item 7, Name. Enter the claimant's full name plus maiden name in parentheses, if any (e.g., Elliott, Sara (Johnson)).

(h) Item 8, Social Security Number (SSN). Enter the claimant's SSN as provided by the claimant. Enter all of the SSN(s) shown in item 2 of the claimant's SF-50 or on any SSN(s) presented by the claimant, or obtained from any other official document, such as a W-2 Form, identifying the source of each number in parentheses, e.g., 123-45-6789 (SF-50). Separate the number by dashes between the third and fourth digits and the fifth and sixth digits, e.g., 123-45-6789).

(i) Items 10A and 10B. Enter the beginning date of the base period in item 10A. In item 10B list each calendar quarter, for which wages are requested, from the base period begin date to the quarter in which the claim is effective. The request must list all quarters covering the base and lag periods

even those quarters beginning beyond the date that the claimant
provided as the separation date from the Federal agency.

States with laws that include weeks of employment in the formula
for determining monetary entitlement or requiring other wage or
employment information for a determination, are authorized to
adapt item 10B to meet their needs.

    b.   <u>TC-ETA 931, Request for Wage and Separation Information</u>.
The electronic ETA 931 is used to obtain wage or wage and
separation information from a Federal agency that is able to
provide the claimant's wage, or wage and separation, information
in the electronic format. Below is the request record that will
be created for each ETA-931 entered to the ICON UCFE application.
This record, minus the information shown in Fields 23 - 34, will
be transmitted when the Federal agency is identified with a
"delivery indicator" of 1 or 2 in Field 17. Information under
the "DESCRIPTION" column indicates the information that is to be
provided in the outgoing request record. The information that is
required on this record that is not shown on the data entry
screen should be dynamically provided from other State records if
possible.

	TC-ETA 931, Request for Wage and Separation Information (STATE AGENCY REQUEST RECORD FORMAT)					
FLD NBR	FIELD NAME	FIELD TYPE	BEGIN COLUMN	FIELD LENGTH	REQ/ OPT	DESCRIPTION
	Record Key is Fields 1 through 4					
1	Social Security No.	N	1	9	R	Claimant's SSN.
2	Effective Date	N	10	8	R	The effective date of the claim. Format is CCYYMMDD.
3	Sequence Identifier	N	18	2	R	Sequence of record supplied by the sending State. Sequence will begin with 01. Each new record for the same SSN and Effective Date will be incremented by +1.
4	Type of Request	N	20	2	R	Values: 01 = ETA 931 Request Record.
5	FIC of Responding Agency	N		3	R	The Federal agency's three digit identifi- cation code.

6	Destination Code of Responding Agency	N	25	4	R	The Federal agency component's four digit destination code.
7	Base Period Beginning Date	N	29	8	R	Beginning Date of the Base Period. Format is CCYYMMDD.
8	Requesting State's Postal Code	A/N	37	2	R	The sending state's alpha postal code.
9	Creation Date	N	39	8	R	Date the electronic request is created. Format is CCYYMMDD.
10	Creation Time	N	47	6	R	Time the electronic request is created. Format is HHMMSS.
11	Claim Date	N	53	8	R	Date the claim was taken. Format is CCYYMMDD.
12	First Name	A/N	61	20	R	The claimant's first name.
13	Middle Initial	A/N	81	1	O	The claimant's middle initial.
14	Last Name	A/N	82	*23*	R	The claimant's last name.
15	Base Period Override Indicator	A/N	105	1	R	Indicator identifying if the sending State has overridden the standard Base Period (BP). Blank = Standard BP 'X' = Standard BP has been overridden and alternate BP entered.
16	Local Office/ Call Center	A/N	106	4	R	Code identifying the Local Office or Call Center to which the claim is assigned in the Sending State or spaces.
17	Delivery Indicator	A/N	110	1	R	Indicator specifying the receiving Federal Agencies method of responding to requests. '1'= Electronic Wage and Separation Information. '2'= Electronic Wage and Paper Separation Information. '3'= Paper Wage and Separation Information.

18	Type of Response Requested	A/N	111	1	R	Indicator for the type of response requested. Values: 1 = Wages for the Quarter. 2 = Wages and number of weeks worked during each quarter 3 = Wages and number of hours worked during each quarter.
19	Date Exported	N	112	8	R	Date the request was exported. Format is CCYYMMDD.
20	Time Exported	N	120	6	R	Time the request was exported. Format is HHMMSS.
21	Response Received Indicator	A/N	126	1	O	This field will be set to 'X' when the response is received from the Federal Agency.
22	Wages Only Indicator	A/N	127	1	R	This field identifies a request for wages only when the state does not need separation information. Valid entries: X = wages only Blank = wages and separation information.
23	Filler	A/N	128	73	R	Spaces.
24	Agency Name	A/N	201	20	R	Name of the Federal Agency that is responsible for this claim
25	Agency Component	A/N	251	50	R	Component of the Federal Agency that is responsible for this claim.
26	Agency Address line 1	A/N	301	50	R	First line of the Street or Postal Address for the Federal Agency.
27	Agency Address line 2	A/N	351	50	R	Second line of the Street or Postal Address for the Federal Agency.

28	Agency Address line 3	A/N	401	50	R	Third line of the Street or Postal Address for the Federal Agency.
29	Agency - City	A/N	451	50	R	City of the Postal Address.
30	Agency - State	A/N	501	2	R	Two digit alpha Postal Code for State.
31	Agency - Zip Code	A/N	503	13	R	Postal Zip Code. Format is: XXXXX-XXXX-XX.
32	Agency - Country	A/N	516	26	R	Country for location of Federal agency.
33	Filler	A/N	542	1	R	Space.
34	Address Change Indicator	A/N	543	1	O	Address Change Indicator . If this is a new address or the address is different from what is on the Directory of Federal Agencies file, this field will contain an 'X'. Otherwise, the field will contain a space.
35	Filler	A/N	544	57	R	Spaces.
	TOTAL RECORD			1000		

c.   TC-ETA-931 Response Record Format. Below is the record format of the response that States will receive from the Federal Agency. The same record format will be used by Federal agencies sending electronic wage information only and electronic wage and separation information.

TC-ETA-931 - Federal Agency Response Record Format						
FLD NBR	Field Name	Field Type	Begin Column	Field Length	REQ/ OPT	Description
	Record Key is Fields 1 through 4					
1	Social Security No.	N	1	9	R	Claimant's SSN.
2	Effective Date	N	10	8	R	The effective date of the claim. Format is CCYYMMDD.

3	Sequence Identifier	N	18	2	R	This sequence number identifies the original and subsequent responses to the request identified by sequence number in Field 85. The response numbering should be sequential beginning with 01 (up to 99) as follows: 01 = 1st response (original response to request) 02 = 2nd response (first amended response) 03 = 3rd response (second amended response) etc.
4	Type of response	N	20	2	R	Value: 04 = 931 Response Record.
5	Social Security No.	N	22	9	R	Claimant's Social Security Number from the incoming request.
6	Effective Date	N	31	8	R	The Effective Date of the claim from the incoming request.
7	Sequence Identifier	N	39	2	R	Sequence number of the request record supplied by the sending State on the incoming request in Field 3.
8	Type of Request	N	41	2	R	Value: 01 = 931 Request Information. This is supplied by the incoming request.
9	FIC of Responding Agency	N	43	3	R	The Federal Agency's three digit identification code from the incoming request.
10	Destination Code of Responding Agency	N	46	4	R	The Federal agency component's four digit destination code from the incoming request.
11	Base Period Beginning Date	N	50	8	R	Date of the Beginning of the Base Period identified by the requesting State (not modifiable).
12	Requesting State's Postal Code	A/N	58	2	R	The sending state's Postal Code from the incoming request
13	Creation Date	N	60	8	R	Date the electronic response is created.
14	Creation Time	N	68	6	R	Time the electronic response is created.
15	Claim Date	N	75	8	R	Date the claim was taken from the incoming request.

16	First Name	A/N	82	20	R	The claimant's First Name from the incoming request.
17	Middle Initial	A/N	102	1	O	The claimant's Middle initial from the incoming request.
18	Last Name	A/N	103	23	R	The claimant's Last name from the incoming request.
19	Base Period Override Indicator	A/N	126	1	R	Indicator from the incoming request identifying if the Sending State has overridden the standard Base Period (BP). Valid values are: Blank = Standard BP "X" = Standard BP Overridden. Alternate BP Entered.
20	Local Office/Call Center	A/N	127	4	R	Code from the incoming request identifying the Local Office or Call Center to which the claim is assigned in the Sending State.
21	Delivery Indicator	A/N	131	1	R	This field is taken from the incoming request. It is the indicator that specifies the type of request to send and the type of response to expect from the Federal Agency identified in fields 9 and 10. Valid values are: '1' = Electronic Wage and Separation Information '2' = Electronic Wage Information. Mail Separation Information. '3' = Mail Wage and Separation Information.

22	Type of Response Requested	A/N	132	1	R	This field is taken from the incoming request and indicates what information the State is requesting. Values: 1 = Wages for each quarter 2 = Wages and the number of weeks worked during each quarter 3 = Wages and number of hours worked during each quarter.
23	Response Type sent	A/N	133	1	R	Values: 1 = Wages for each quarter 2 = Wages and the number of weeks worked during each quarter 3 = Wages and number of hours worked during each quarter.
24	Performed Federal Civilian Service?	A/N	134	1	R	Values: "Y" = Yes; "N" = No. If "N" is entered in this field, fields 25 –31 must be completed.
25	Under what legal authority was individual hired?	A/N	135	10	O	If "N" in field 24, answer this question.
26	What funding source was used for salary payments?	A/N	145	10	O	If "N" in field 24, answer this question.
27	Were payroll deductions made for Federal and State taxes?	A/N	155	1	O	If "N" in field 24, answer this question. Values: "Y" = Yes; "N" = No.
28	Was employee eligible for annual and sick leave?	A/N	156	1	O	If "N" in field 24, answer this question. Values: "Y" = Yes; "N" = No.
29	Was employee eligible for health and life insurance?	A/N	157	1	O	If "N" in field 24, answer this question. Values: "Y" = Yes; "N" = No.

30	Was employee eligible for Civil Service or FERS retirement?	A/N	158	1	O	If "N" in field 24, answer this question. Values: "Y" = Yes; "N" = No.
31	Did the Federal agency provide direction and control?	A/N	159	1	O	If "N" in field 24, answer this question. Values: "Y" = Yes; "N" = No.
32	Date of Separation/ Last Date in Active Pay Status	N	160	8	R	Enter the date of separation or the last day in active pay status if not separated. Format is CCYYMMDD.
33	Reason for Separation/-Non-pay Status	N	168	1	R	Valid entries are: 1 = Permanent Layoff 2 = Temporary Layoff/Furlough 3 = Quit 4 = Discharged 5 = Labor Dispute 6 = Retirement 7 = Other
34	Official Duty Station	N	169	2	R	Enter the 2-digit FIPS Code for the State, District of Columbia, Puerto Rico or Virgin Islands. When the official duty station was outside of the US or the jurisdictions identified above, enter 99.
35	Severance Pay	N	171	1	R	Enter "Y" if the individual has received or will receive Severance pay after this separation. Enter "N" if the individual did not and will not receive severance pay after this separation.
36	Severance Pay - begin date	N	188	9	R	Enter the date on which severance pay began. Format is CCYYMMDD.
37	Severance Pay - end date	N	180	8	R	Enter the date on which severance pay ends. Format is CCYYMMDD.

38	Severance Payment amount	N	188	9	R	Enter the total dollar amount of severance pay. Format is 999999.99 (right justify. i.e. 012590.88).
39	Date of Severance Payment	N	197	8	R	Enter the date severance payment was issued. Format is CCYYMMDD.
40	Annual Leave	A/N	205	1	R	Enter "Y" if the individual has received or will receive a lump sum annual leave payment after the separation date. Enter "N" if the individual did not and will not receive a lump sum annual leave payment after the separation date.
41	Annual Leave Amount	N	206	8	R	Enter the total dollar amount of annual leave payment paid/due. Format is 999999.99 (right justify. i.e. 012590.88)
42	Number of Days of Annual Leave	N	214	3	42	Enter the number of days of annual leave paid/due. Format is 999 (right justify. i.e. 001).
43	Date of Annual Leave Payment	N	217	8	43	Enter the date on which annual leave payment was issued. Format is CCYYMMDD.
44	Monthly Pension Payment amount	N	225	8	44	If value "6" is entered in field 33, enter the gross dollar amount of monthly pension payment. Format is 99999.99 (right justify. i.e. 02590.88)
45	Explanation of Reason for Separation/ Non-pay Status	A/N	233	400	R	If value "3", "4" or "7" is entered in field 33, provide a detailed explanation.

46	Year - Quarter	N	633	5	46	Identify the 1st calendar quarter ending after the beginning date of the base period. Format is CCYYM. Month Values: Qtr ending 3/31 = 1 Qtr ending 6/30 = 2 Qtr ending 9/30 = 3 Qtr ending 12/31 = 4
47	Base Period Wages - 1st Quarter	N	638	8	R	Enter the amount of wages during the 1st calendar quarter ending after the beginning date of the base period. Format is 99999.99. If no wages, enter zeros.
48	Weeks Worked - 1st Quarter	N	646	2	R	Enter the number of weeks during which work was performed in the 1st calendar quarter ending after the beginning date of the base period. The format is 99 (i.e. 05). If no weeks, enter zeros.
49	Hours Worked - 1st Quarter	N	648	4	R	Enter the number of hours work during the 1st calendar quarter ending after the beginning date of the base period. Format is 9999 (i.e. 0840). If no hours, enter zeros.
50	Year - Quarter	N	652	5	R	Identify the 2nd calendar quarter ending after the beginning date of the base period. Format is CCYYM. Month Values: Qtr ending 3/31 = 1 Qtr ending 6/30 = 2 Qtr ending 9/30 = 3 Qtr ending 12/31 = 4
51	Base Period Wages - 2nd Quarter	N	657	8	R	Enter the amount of wages during the 2nd calendar quarter ending during base period. Format is 99999.99. If no wages, enter zeros.

52	Weeks Worked - 2nd Quarter	N	665	2	R	Enter the number of weeks during which work was performed in the 2nd calendar quarter ending after the beginning date of the base period. Format is 99 (i.e. 05). If no weeks, enter zeros.
53	Hours Worked 2nd Quarter	N	667	4	R	Enter the number of hours work during the 2nd calendar quarter ending after the beginning date of the base period. Format is 9999 (i.e. 0840). If no hours, enter zeros.
54	Year - Quarter	N	671	5	54	Identify the 3rd calendar quarter ending after the beginning date of the base period. Format is CCYYM. Month Values: Qtr ending 3/31 = 1 Qtr ending 6/30 = 2 Qtr ending 9/30 = 3 Qtr ending 12/31 = 4
55	Base Period Wages - 3rd Quarter	N	676	8	55	Enter the amount of wages during the 3rd calendar quarter ending during the base period. The format is 99999.99. If no wages, enter zeros.
56	Weeks Worked - 3rd Quarter	N	684	2	56	Enter the number of weeks during which work was performed in the 3rd calendar quarter ending after the beginning date of the base period. Format is 99 (i.e. 05). If no weeks, enter zeros.
57	Hours Worked - 3rd Quarter	N	686	4	R	Enter the number of hours work during the 3rd calendar quarter ending after the beginning date of the base period. Format is 9999 (i.e. 0840). If no hours, enter zeros.

58	Year - Quarter	N	690	5	R	Identify the 4th calendar quarter ending after the beginning date of the base period. Format is CCYYM. Month Values: Qtr ending 3/31 = 1 Qtr ending 6/30 = 2 Qtr ending 9/30 = 3 Qtr ending 12/31 = 4
59	Base Period Wages - 4th Quarter	N	695	8	R	Enter the amount of wages during the 4th calendar quarter ending during the base period. Format is 99999.99. If no wages, enter zeros.
60	Weeks Worked - 4th Quarter	N	703	2	60	Enter the number of weeks during which work was performed in the 4th calendar quarter ending after the beginning date of the base period. Format is 99 (i.e. 05). If no weeks, enter zeros.
61	Hours Worked - 4th Quarter	N	705	4	61	Enter the number of hours work during the 4th calendar quarter ending after the beginning date of the base period. Format is 9999 (i.e. 0840). If no hours, enter zeros.
62	Year - Quarter	N	709	5	R	Identify the 5th calendar quarter ending after the beginning date of the base period (i.e. the 1st lag quarter). Format is CCYYM. Month Values: Qtr ending 3/31 = 1 Qtr ending 6/30 = 2 Qtr ending 9/30 = 3 Qtr ending 12/31 = 4
63	Lag Period Wages - 1st Quarter	N	714	8	R	Enter the amount of wages during the 5th calendar quarter beginning after the base period end date (i.e. the 1st lag quarter). Format is 99999.99. If no wages, enter zeros.

64	Lag Period Weeks Worked - 1st Qtr	N	722	2	R	Enter the number of weeks during which work was performed in the 5th calendar quarter beginning after the ending date of the base period (i.e. the 1st lag quarter). Format is 99 (i.e. 05). If no weeks, enter zeros.
65	Lag Period Hours Worked - 1st Qtr	N	724	4	R	Enter the number of hours work during the 5th calendar quarter beginning after the ending date of the base period (i.e. the 1st lag quarter) . Format is 9999 (i.e. 0840). If no hours, enter zeros.
66	Year - Quarter	N	728	5	5	Identify the 6th calendar quarter ending after the beginning date of the base period (i.e. the 2nd lag quarter). Format is CCYYM. Month Values: Qtr ending 3/31 = 1 Qtr ending 6/30 = 2 Qtr ending 9/30 = 3 Qtr ending 12/31 = 4
67	Lag Period Wages - 2nd Quarter	N	733	8	R	Enter the amount of wages during the 6th calendar quarter beginning after the base period end date (i.e. the 2nd lag quarter). Format is 99999.99. If no wages, enter zeros.
68	Lag Period Weeks Worked - 2nd Qtr	N	741	2	R	Enter the number of weeks during which work was performed in the 6th calendar quarter beginning after the ending date of the base period (i.e. the 2nd lag quarter). Format is 99 (i.e. 05). If no weeks, enter zeros.

69	Lag Period Hours Worked - 2nd Qtr	N	743	4	R	Enter the number of hours work during the 6th calendar quarter beginning after the ending date of the base period (i.e. the 2nd lag quarter). Format is 9999 (i.e. 0840). If no hours, enter zeros.
70	Year - Quarter	N	747	5	70	Identify the 7th calendar quarter ending after the beginning date of the base period (i.e. the 3rd lag quarter). Format is CCYYM. Month Values: Qtr ending 3/31 = 1 Qtr ending 6/30 = 2 Qtr ending 9/30 = 3 Qtr ending 12/31 = 4
71	Lag Period Wages - 3rd Quarter	N	752	8	71	Enter the amount of wages during the 7th calendar quarter beginning after the base period end date (i.e. the 3rd lag quarter). Format is 99999.99. If no wages, enter zeros.
72	Lag Period Weeks Worked - 3rd Qtr	N	760	2	72	Enter the number of weeks during which work was performed in the 7th calendar quarter beginning after the ending date of the base period (i.e. the 3rd lag quarter). Format is 99 (i.e. 05). If no weeks, enter zeros.
73	Lag Period Hours Worked - 3rd Qtr	N	762	4	73	Enter the number of hours work during the 7th calendar quarter beginning after the ending date of the base period (i.e. the 3rd lag quarter). Format is 9999 (i.e. 0840). If no hours, enter zeros.

74	Year - Quarter	N	766	5	74	Identify the 8th calendar quarter ending after the beginning date of the base period (i.e. the 4th lag quarter). Format is CCYYM. Month Values: Qtr ending 3/31 = 1 Qtr ending 6/30 = 2 Qtr ending 9/30 = 3 Qtr ending 12/31 = 4
75	Lag Period Wages - 4th Quarter	N	771	8	75	Enter the amount of wages during the 8th calendar quarter beginning after the base period end date (i.e. the 4th lag quarter). Format is 99999.99. If no wages, enter zeros.
76	Lag Period Weeks Worked - 4th Qtr	N	779	2	76	Enter the number of weeks during which work was performed in the 8th calender quarter beginning after the ending date of the base period (i.e., the 4th lag quarter). Format is 99(i.e., 05). If no weeks, enter zeros.
78	Year - Quarter	N	785	5	78	Identify the 9th calendar quarter ending after the beginning date of the base period (i.e. the 5th lag quarter). Format is CCYYM. Month Values: Qtr ending 3/31 = 1 Qtr ending 6/30 = 2 Qtr ending 9/30 = 3 Qtr ending 12/31 = 4
79	Lag Period Wages - 5th Quarter	N	790	8	79	Enter the amount of wages during the 9th calendar quarter beginning after the base period end date (i.e. the 5th lag quarter). Format is 99999.99. If no wages, enter zeros.

80	Lag Period Weeks Worked - 5th Qtr	N	798	2	80	Enter the number of weeks during which work was performed in the 9th calendar quarter beginning after the ending date of the base period (i.e. the 5th lag quarter). Format is 99 (i.e. 05). If no weeks, enter zeros.
81	Lag Period Hours Worked - 5th Qtr	N	800	4	81	Enter the number of hours work during the 9th calendar quarter beginning after the ending date of the base period (i.e. the 5th lag quarter). Format is 9999 (i.e. 0840). If no hours, enter zeros.
82	Date Imported	N	804	8	82	Date the response was imported from the Hub
83	Time Imported	N	812	6	83	Time the response was imported from the Hub
84	Amended Response Indicator	A/N	818	1	84	If this is an Amended Response, enter an 'X' in this field.
85	Request Sequence Number	A/N	819	2	85	This is the sequence number from Field 3 of the 931 request record to which the employer is responding.
86	Filler	A/N	821	180	86	Spaces.
	Total Record			1000		

d. <u>TC-ETA931, Response Record View Screen</u>.

Approved
O.M.B. No. 1205-0179

TC-ETA 931 EMPLOYER RESPONSE

SSN ___-__-_ (1)   SEQ: _ (2)   FIC: _ (3)   DEST: _ (4)   EFF DATE: __/__/____(5)

NAME: FIRST_____ (6)   MI _ (7)   LAST_____ (8)

BASE PERIOD BEGINS: __/__/___ (9)   SEPARATION DT:__/__/__ (10)   REASON:_ (11)

OFFICIAL DUTY STATION: __ (12)   PERFORMED FEDERAL SERVICE:_ (13)

SEVERANCE PAY: (14)   ANNUAL PAY: (15)

YEAR/QTR:	__/_ (16)	__/_(20)	__/_(24)	__/_(28)	__/_(32)	__/_ (36)	__/_(40)
WAGES:	__._ (17)	__._ (21)	__._(25)	__._(29)	__._(33)	__._ (37)	__._(41)
WKS WKD:	__ (18)	__ (22)	__ (26)	__ (30)	__ (34)	__ (38)	__ (42)
HRS WKD	____(19)	____ (23)	____(27)	____ (31)	____(35)	____(39)	___(43)

(Sceen 2)   Approved
O.M.B. No. 1205-0179

TC-ETA 931 EMPLOYER RESPONSE

SSN ___-__-_(1)   SEQ: _ (2)   FIC: _(3)   DEST: _(4)   EFF DATE: __/__/____(5)

NAME: FIRST_____ (6)   MI _(7)   LAST_____(8)

SEVERANCE PAY: BEGINS:__/__/_(44) ENDS:__/__/_(45) AMOUNT: __(46)._ DATE PAID:__/__/_(47)

ANNUAL LEAVE: NUMBER OF DAYS ___ (48) AMOUNT: ___._ (49)   DATE PAID:__/__/_ (50)

MONTHLY PENSION AMOUNT:____._ (51)   EXPLANATION OF SEPARATION:_____ (52)

_____

_____

_____

FEDERAL SERVICE DETERMINATION:

LEGAL AUTHORITY FOR HIRE_____ (53) FUNDING SOURCE USED FOR SALARY:_____(54)

EMPLOYEE ELIGIBLE FOR: ANNUAL AND SICK LEAVE (55) HEALTH AND LIFE INSURANCE(56)

CIVIL SERVICE RETIREMENT OR FERS RETIREMENT__(57)

PAYROLL DEDUCTIONS MADE FOR STATE AND FEDERAL TAX _ (58)

FEDERAL AGENCY PROVIDED DIRECTION AND CONTROL _ (59)

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22. <u>**State Agency Processing of TC-ETA-931 Response Record**</u>. The State agency has the same responsibilities upon the receipt of the TC-ETA-931 response record that it does upon the receipt of the completed paper Form ETA-931 from the Federal agency. The State agency should develop procedures to "flag" the claimant's record when the Federal agency's response in certain fields is critical to the claimant's eligibility, e.g., answering "no" where asked did the claimant perform Federal civilian service, or entering the code of a potentially disqualifying code in the reason for separation.

a. <u>Federal Civilian Service</u>. Field number 24 contains the Federal agency's response to whether the claimant performed Federal civilian service. If, there is a "N" marked in this field, field numbers 25-31 should contain additional information concerning the nature of the service that the claimant performed. The State will issue a determination based on the information provided or forward the agency's response to the USDOL for a coverage ruling, if necessary.

b. <u>Reason for Separation</u>. A code of 3, 4, or 7 in Field number 33 indicates a potential disqualifying separation. A detailed explanation of the separation should be found in Field number 45.

23. <u>**Use of a Claimant's Affidavit to Determine UCFE Eligibility**</u>. The State agency is to use the Form ETA-935, Claimant's Affidavit of Federal Civilian Service, Wages, and Reason for Separation, to determine the claimant's monetary and non-monetary eligibility when no response is received from the Federal agency within the time frames provided below. State agencies <u>are not</u> to send a "Second Request" ETA-931 to the Federal agency.

The time frames for using the affidavit are as follows:

> <u>Type 1, Delivery Indicator</u>. When the Federal agency is identified with type "1" delivery indicator in Field number 17 of the TC-ETA-931 and TC-ETA-931A, and Field number 15 of the TC-ETA-934, the State should use a completed Form ETA-935 to determine the claimant's eligibility after 7 days have elapsed from the date (ICON export date) that the TC-ETA-931 was sent to the Federal agency and no response has been received.

Type 2, Delivery Indicator. When the Federal agency is identified with type "2" delivery indicator in Field number 17 of the TC-ETA-931 and TC-ETA-931A, and Field number 15 of the TC-ETA-934, the State should use a completed Form ETA-935 to determine the claimant's monetary eligibility after 7 days have elapsed from the date (ICON export date) that the TC-ETA 931 was sent to the Federal agency and no response has been received. The Form ETA-935 should be used to determine the claimant's non-monetary eligibility after 12 days have elapsed from the date that the ETA-931 was mailed to the Federal agency for separation information and no response has been received.

Type 3, Delivery Indicator. When the Federal agency is identified with type "3" delivery indicator in Field number 17 of the TC-ETA-931 and TC-ETA-931A, and Field number 15 of the TC-ETA-934, the State should use a completed Form ETA-935 to determine the claimant's monetary and non-monetary eligibility after 12 days have elapsed from the date that the ETA-931 was mailed to the Federal agency and no response has been received.

The Form ETA-935 should identify the documentary evidence submitted by the claimant to show he or she performed civilian service for the Federal Government (e.g., SF-50, earnings and leave statements, W-2, etc.). If at the time the claimant completes a Form ETA-935, he or she does not have documentary evidence, the interviewer should advise the claimant to provide such documents to the State agency at the earliest opportunity.

When a Form ETA-931, ETA-931A, or ETA-934 is received after a determination has been made based on the claimant's affidavit, a redetermination should be issued, if appropriate, in accordance with State law. Information supplied by a Federal employer after a determination has been made should be given the same consideration and should have the same effect as material information supplied by a State covered employer under similar circumstances.

a. <u>Form ETA-935, Claimant's Affidavit of Federal Civilian Service, Wages and Reason for Separation</u>.

(STATE AGENCY IDENTIFICATION)
CLAIMANT'S AFFIDAVIT OF FEDERAL CIVILIAN SERVICE,   **WAGES AND REASON FOR SEPARATION**

1. State Agency Address:	2. Claimant's Name and mailing Address

3. LO/Call Center ID: 4. Date of Request: 5. Eff. Date of Claim: 6. Separation Date

7. Federal Agency Name & Address:	8. Social Security Number

Instructions: Complete and Return Immediately

9. Affidavit of Federal Wage and Separation Information/Documentary Evidence

a. Enter the location of your Official Duty Station: (City, State)

b. Enter your wages with the above named employer below. Show wages by quarter starting with the wages that you earned after <u>(base period begin date)</u> up to the date you separated from this employer. Under Documentary Evidence, enter the source of the information provided and attach a copy. If additional space is needed to explain reason for separation, attach your signed explanation.

Quarter Ending	Year	Gross Wages	Documentary Evidence

c. Severance Pay.   Did you receive or are you entitled to receive severance pay provided by Federal law or agency employee agreement? ___Yes __ No   If "Yes" complete the following information: Total Entitlement: $_____.   Severance Pay Period Beginning date: __/__/__ Ending Date __/__/__

d.   Pension: Are you entitled to receive a pension from any branch of the Federal Government? ____Yes _____No.   Enter Gross Monthly Pension $ _____

e.   Reason for Separation:

I, the claimant, understand that penalties are provided by law for an individual making false statements to obtain benefits and that determinations based on an affidavit are not final: that determinations are subject to correction upon receipt of wage and separation information from the Federal agency, that benefit payments made as a result of such determination may have to be adjusted on the basis of information from the Federal agency, and that any amount overpaid will have to be repaid or offset against future benefits. I, the claimant, swear or affirm, that the above statements, to the best of my knowledge, are true and correct.

10.   Signature of Claimant_____ Date ___/___/_____   ETA-935 (Revised 8/2001)

b. <u>Number of Copies</u>. Sufficient copies of the Form ETA-935 are to be prepared for State agency use.

c. <u>Completion</u>. The Items on Form ETA-935 are self explan-atory. Item 9B, "Documentary Evidence," should be completed in all cases. However, if the claimant omits the entry and has provided sufficient documentation, i.e., pay stubs, SF 50, earnings and leave statement to support the entries, the State should honor the affidavit.

d. <u>Federal Civilian Employees' Salary Rates</u>. When the State agency is calculating the claimant's gross wages based on the claimant's statement and an SF-50, refer to the most recent Unemployment Insurance Program Letter showing a list of Federal Annual Salary Rates. This will aid in determining the claimant's wages.

24. ETA-931A, Request for Separation Information Additional Claim. The ETA-931A is available in a paper format and an electronic format and is used to request separation information or the reason for non-pay status on an additional claim, when a claimant has established a benefit year and is filing an additional claim after an intervening period of employment in a Federal agency.

When the claimant has a disqualification in effect, the State agency should include its request for wages and/or weeks of employment subsequent to the disqualification, to determine if the claimant has met the requalification requirements.

Sending the electronic or paper version of the ETA-931A is initiated by data entry through the ICON UCFE application. When a form has to be mailed to the Federal agency, a record of the information data entered and the agency's name and address will be written to a file for use in completing the form.   Additional information concerning the use of the data entry screen and record format is contained in the ICON UCFE Users Guide. Below is the ICON data entry screen.

a. <u>Data Entry Screen for ETA-931A</u>.

```
                        UCFE SUPPORT SYSTEM
           TC-ETA931A REQUEST FOR SEPARATION INFORMATION


   OPTION: __  (1)


   SSN:___ ___ ____    (2)              OFFICE:  ____   (3)


   CREATION DATE:  / /  (4)
                           EFF DT: / /  (5)


   NAME: FIRST:  _____( 6) MI:  _ (7) LAST:  _____  (8)


   FIC:  ___  (9)  DESTINATION:  ____   (10)


 CLEAR=CANCEL ENTER=ADDRESS SCREEN PF1=HELP PF3=ADD PF4=CANCEL
 FE009 - ENTER DATA AND THEN PRESS THE ENTER KEY
```

b. <u>Form ETA-931A, Request for Separation Information - Additional Claim</u>. The State should reproduce this form in the format provided, except that, if the State's law does not consider the receipt of a lump sum annual leave payment or severance payment as wages or disqualifying income, the State should print the item number and "Not Applicable" on the form, i.e.,"9. C. Not Applicable."

(STATE AGENCY IDENTIFICATION) **REQUEST FOR SEPARATION INFORMATION - ADDITIONAL CLAIM**	
1. State Agency Address:	2. Federal Agency Name, 3 Digit Agency Code, and Address:
3. Local Office/Call Center :	4. Date of Request: 5. Effective Date:
6. Claimant's Name (Last, First, Middle Initial)	7. Social Security Number

Federal Agency Response – Complete and Return Within 4 Workdays

8.   Separation, Terminal Annual Leave and Severance Pay Information:

A.   Date of Separation: __/__/__   B. Last day of active pay status: __/__/__

C.   Reason for separation or non-pay status:_____
_____
_____

D. Did this person receive a lump sum payment(s) for terminal annual leave on or
   after the beginning date of the base period shown? __Yes __No. If "Yes", or
   if currently entitled to such a payment, record date(s) below for each
   payment(s):   Payment Date: __/__/__   Days of Leave: ___
                  Period from: __/__/___ To: __/__/__

E. Did person receive or is he/she entitled to receive severance pay provided by
   Federal law or agency employee agreement? __Yes __ No. If "Yes", complete
   the following information: Total Entitlement: $_____
   Weekly entitlement $_____ Beginning Date: __/__/__ Ending Date __/__/__

9. Signature of Official _____ Title: _____
    Print Name: _____Telephone: (   )_____Date___/__/___

ETA-931A (Revised 8/2001)

(1) <u>Purpose and Use</u>. The Form ETA-931A is used by the State agency in connection with each additional claim when it is necessary for the State agency to obtain intervening Federal civilian employment and separation information. This form is used in lieu of the regular "notice of claim filed" used in connection with State UC additional claims.

(2) <u>Preparation</u>. Item 1 thru 7 are to be completed by the agency. The information required to complete these items will be provided as a file by the ICON UCFE system. For the "Date of Request" entry, enter the date the Form ETA-93lA is mailed.

A signed Privacy Act release statement is no longer required from a claimant to authorize the release of information requested. However, if State law requires all claimants to sign a Privacy Act release statement, then a UCFE claimant would also be required to sign the same statement.

c. <u>TC-ETA-931A, Request Record Format</u>. Data entering claimant information manually or electronically to the ICON UCFE data entry screen shown in item 24. a. above will result in the creation of the TC-ETA-931A request records shown below. Additional information concerning the use of the ICON UCFE application is contained in the ICON UCFE State Users Guide. The field name and description identifies the information that is to be provided.

	ETA-931A, Request Record Format					
	(State Agency Request Record Format)					
FLD NBR	FIELD NAME	FIELD TYPE	BEGIN COLUMN	FIELD LENGTH	REQ/ OPT	DESCRIPTION
	Record Key is Fields 1 through 4					
1	Social Security No.	N	1	9	R	Claimant's SSN.
2	Effective Date	N	0	8	R	The effective date of the claim. Format is CCYYMMDD.

3	Sequence Identifier	N	8	2	R	Sequence of record supplied by the sending State. Sequence will begin with 01. Each new record for the same SSN and Effective Date will be incremented by +1.
4	Type of Request	N	20	2	R	Values: 02 = 931A Request Record.
5	FIC of Responding Agency	N	22	3	R	The Federal agency's three digit identifi-cation code.
6	Destination Code of Responding Agency	N	25	4	R	The Federal agency component's four digit destination code.
7	Filler	N	29	8	R	Spaces.
8	Requesting State's Postal Code	A/N	37	2	R	The Sending State's postal code
9	Creation Date	N	39	8	R	Date the electronic request is created. Format is CCYYMMDD.
10	Creation Time	N	47	6	R	Time the electronic request is created. Format is HHMMSS.
11	Filler	N	53	8	R	Spaces.
12	First Name	A/N	61	20	R	The claimant's first name.
13	Middle Initial	A/N	81	1	O	The claimant's middle initial.
14	Last Name	A/N	82	23	R	The claimant's last name.
15	Filler	A/N	105	1	R	Space.
16	Local Office/ Call Center	A/N	106	4	R	Code identifying the Local Office or Call Center Number from the Sending State or spaces.

17	Delivery Indicator	A/N	110	1	R	Indicator specifying the receiving Federal Agencies method of responding to requests. 1 = Send Electronic Request for Wage and Separation Information. 2 = Send Electronic Wage Request and Mail Request for Separation Information. 3 = Mail Request for Wage and Separation Information.
18	Type of Response Requested	A/N	111	1	R	Space. This field indicates how the requesting state would like to receive wages. Therefore, this field does not apply to a 931A request.
19	Date Exported	N	112	8	R	Date the request was exported. Format is CCYYMMDD.
20	Time Exported	N	120	6	R	Time the request was exported. Format is HHMMSS.
21	Response Received Indicator	A/N	126	1	O	This field will be set to 'X' when the response is received from the Federal Agency.
22	Filler	A/N	127	74	R	Spaces.
23	Agency Name	A/N	210	50	R	Name of the Federal agency
24	Agency Component	A/N	51	50	R	Name of the Federal Agency Component
25	Agency Address line 1	A/N	31	50	R	First line of the Street or Postal Address for the Federal Agency.
26	Agency Address line 2	A/N	351	50	R	Second line of the Street or Postal Address for the Federal Agency.

27	Agency Address line 3	A/N	401	50	R	Third line of the Street or Postal Address for the Federal Agency.
28	Agency City	A/N	451	50	R`	City of the Postal address.
29	Agency State	A/N	501	2	R	State Alpha Postal Code.
30	Agency Postal	A/N	503	13	R	Postal Zip Code. Format is: XXXXX-XXXX-XX.
31	Agency Country	A/N	516	26	R	Country Name or Abbreviation.
32	Filler	A/N	542	1	R	Space.
33	Address Change Indicator	A/N	543	1	O	Address Change Indicator . If this is a new address or the address is different from what is on the Directory of Federal Agencies file, this field will contain an 'X'. Otherwise, the field will contain a space.
34	Filler	A/N	544	457	R	Spaces.
	TOTAL RECORD			1000		

d. <u>TC-ETA-931A Response Record Format</u>. This is the response record that the state will receive from the federal agency and the description of information that should be received in each field.

ETA-931A Response Record Format					
(Federal Agency Response Record Format)					
FLD NBR	FIELD NAME	FIELD TYPE	BEGIN COLUMN	FIELD LENGTH	DESCRIPTION
	Record Key is Fields 1 through 4				
1	Social Security No.	N	1	9	Claimant's SSN
2	Effective Date	N	10	8	The effective date of the claim
3	Sequence Identifier	N	18	2	This sequence number identifies the original and subsequent responses to the request identified by sequence number in Field 28. The response numbering should be sequential beginning with 01 (up to 99) as follows: 01 = 1st response (original response to request)

					02 = 2nd response (first amended response)
					03 = 3rd response (second amended response) etc.
4	Type of Response	N	20	2	Values: 05 = 931A response record.
5	Response Creation Date	N	22	8	Date the response was created by the Federal Agency.
6	FIC	N	30	3	Federal Identification Code of the Federal Agency sending the response.
7	Destination	N	33	4	Destination Identification Code of the Federal Agency sending the response.
8	Social Security No.	N	37	9	Claimant's SSN
9	Effective Date	N	46	8	The effective date of the claim
10	First Name	A/N	54	20	The claimant's first name
11	Middle Initial	A/N	74	1	The claimant's middle initial
12	Last Name	A/N	75	23	The claimant's last name
13	Date of Separation/ Last Date in active pay status	N	98	8	The date of separation or the last day in active pay status if not separated. Format is CCYYMMDD.
14	Reason for Separation/ Non-pay Status	N	106	1	Valid values are: 1 = Permanent Layoff 2 = Temporary Layoff/Furlough 3 = Quit 4 = Discharged 5 = Labor Dispute 6 = Retirement 7 = Other
15	Severance Pay	A/N	107	1	"Y" - If the individual has received or will receive Severance pay after this separation. "N" - If the individual did not and will not receive severance pay after this separation.

16	Severance Pay - begin date	N	108	8	The date for which severance pay begins. Format is CCYYMMDD.
17	Severance Pay - end date	N	116	8	The date for which severance pay ends. Format is CCYYMMDD.
18	Severance Payment amount	N	124	9	The total dollar amount of severance pay. Format is 999999.99 (Right justify, i.e., 012590.88)
19	Annual Leave	A/N	133	1	Y" – If the individual has received or will receive a lump sum annual leave payment after these separation date. "N" – If the individual did not and will not receive a lump sum annual leave payment after these separation date.
20	Annual Leave Amount	N	134	8	The total dollar amount of annual leave payment paid/due. Format is 999999.99 (Right justify, i.e., 012590.88)
21	Number of Days of Annual Leave	N	142	3	The number of days of annual leave paid/due. Format is 001 (right justified).
22	Date of Annual Leave Payment	N	145	8	The date on which annual leave payment issued. Format is CCYYMMDD.
23	Monthly Pension Payment Amount	N	153	8	If field 14 contains "6", enter the gross dollar amount of monthly pension payment. Format is 99999.99 (Right justify, i.e., 02590.88)
24	Explanation of Reason for Separation/ Non-pay Status	A/N	161	400	Provide a detailed explanation in 400 characters or less.
25	Requesting State's Postal Code	N	561	2	Postal Code of the State that requested the information.
26	Filler	A/N	563	1	Space
27	Date of Separation Payment	N	564	8	The date on which separation payment was issued. Format is CCYYMMDD.
28	Request Sequence Number	N	72	2	This is the sequence number from Field 3 of the 931A request record to which the employer is responding.
29	Filler	N	574	230	Spaces
30	Date Imported	N	804	8	Date the state imported the response from the

					Hub. Federal agencies are to send zeros in this field.
31	Time Imported	N	812	6	Time the state imported the response from the Hub. Federal agencies are to send zeros in this field.
32	Filler	A/N	818	183	Spaces.
	TOTAL RECORD			1000	

> e.   TC-ETA-931A Response Record View Screen.

TC-ETA 931A RESPONSE RECORD

SSN: 000 - 00 - 9247 **(1)**   **SEQ:** 01 **(2)**   **FIC:** 410 **(3)**   **DEST:** 0001 **(4)**
EFF DATE 08 / 30 / 00 **(5)**

NAME: FIRST: JEFF   6) **MI:**   **(7) LAST:** WOOD   **(8)**

DATE OF SEPARATION: 00 / 00 / 0000 **(9)**   **REASON FOR SEPARATION:** 7 **(10)**

SEVERANCE PAY: Y **(11) SEVERANCE BEG:** 10/27/2000 **(12) END:** 01/15/ 2001 **(13)**
            AMOUNT: 013000.00 **(14) DATE PAID:** 12/28/2000 **(15)**

 ANNUAL LEAVE: N **(16)** **ANNUAL LEAVE   NUMBER OF DAYS:** 000   **(17)**
             AMOUNT: 00000.00 **(18) DATE PAID:** 00/00/0000   **(19)**
            MONTHLY PENSION AMT: 00000.00   **(20)**

 EXPLANATION OF SEP: **(21)**_____
_____
_____
_____
_____

 PF4=END

---

25. Requesting Additional Information From a Federal Agency. The
ETA-934 is used to obtain additional information or a
clarification of information from a Federal agency and is
available in a paper format and an electronic format. Sending
the electronic or paper version of the ETA-934, is initiated by
data entry through the ICON UCFE application to determine if an
electronic or paper form should be generated. Additional
information concerning the use of the data entry screen and
record formats is contained in the ICON UCFE State Users Guide.

a. <u>TC-ETA-934 Data Entry Screen</u>.

```
                          UCFE SUPPORT SYSTEM
               TC-ETA934 REQUEST FOR ADDITIONAL INFORMATION

   OPTION:  _  (1)

   SSN:    ___ - __ - ____(2)              OFFICE:  ____  (3)

   CREATION DATE:  __ / __ / __(4)      EFF DT: __ / __ / __(5)

   NAME: FIRST:_____(6) MI:_ (7) LAST:_____(8)

   FIC:  ___(9)        DESTINATION:  ____(10)

   MESSAGE: (11)

   _____
   _____
   _____
   _____
   _____

   CLEAR=CANCEL   ENTER=ADDRESS SCREEN     PF1=HELP   PF3=ADD   PF4=CANCEL
   FE009 - ENTER DATA AND THEN PRESS THE ENTER KEY
```

b. <u>Form ETA-934, Request for Additional Information</u>. The
Form ETA-934 is used to obtain information when the responding
Federal agency is unable to provide information in the electronic
format.

```
+-----------------------------------------------------------------------+
|                    (STATE AGENCY IDENTIFICATION)                      |
|           REQUEST FOR ADDITIONAL INFORMATION                         |
+-----------------------------------+-----------------------------------+
| 1. State Agency Address:          | 2. Federal Agency Name, 3 Digit   |
|                                   |    Agency Code, and Address:      |
|                                   |                                   |
|                                   |                                   |
+-----------------------------------+-----------------------------------+
| 3. Local Office/Call Center ID:  4. Date of Request:  5. Effective   |
|    Date:    6. Separation Date:                                      |
+-----------------------------------+-----------------------------------+
| 7. Claimant's Name (Last, First   | 8. Social Security Number         |
|    Middle Initial)                |                                   |
+-----------------------------------+-----------------------------------+
| 9. A.   State Agency Statement or Questions of Federal Agency:       |
|    _____ |
|    _____ |
|    _____ |
|    _____ |
|    _____ |
|    _____ |
|                                                                      |
| 9. B.   Claimant's Statement:                                        |
|    _____ |
|    _____ |
|    _____ |
|    _____ |
|    _____ |
|    _____ |
|    _____ |
+-----------------------------------------------------------------------+
| 10.   Federal Agency Response:                                       |
|    _____ |
|    _____ |
|    _____ |
|    _____ |
|    _____ |
|    _____ |
|    _____ |
|    _____ |
+-----------------------------------------------------------------------+
| 11. Signature of Official _____  Title: _____ |
|     Print Name: _____  Telephone:(___)_____Date__/__/___|
|                                                                      |
| ETA -934 (Revised 8/2001)                                            |
+-----------------------------------------------------------------------+
```

   c.   <u>Completion of Form ETA-934</u>. The items on the Form ETA-934 are self-explanatory.

   d.   <u>TC-ETA-934, Request for Additional Information</u>.   The electronic TC-ETA-934 is used when the responding Federal agency is able to provide separation information in the electronic

format. The field name and description indicates the information that is to be entered into each field.

> (1) <u>TC-ETA-934 Request Record Format</u>. This request record will only be sent to Federal Agencies when the record carries a delivery indicator of "1" in Field 15.

<table>
<tr><td colspan="6">TC-ETA-934 Request Record
(State Agency Request Record Format)</td></tr>
<tr><td>FLD
NBR</td><td>FIELD NAME</td><td>FIELD
TYPE</td><td>BEGIN
COLUMN</td><td>FIELD
LENGTH</td><td>REQ
OPT</td><td>DESCRIPTION</td></tr>
<tr><td></td><td>Record Key is Fields 1 through 4</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>1</td><td>Social Security No.</td><td>N</td><td>1</td><td>9</td><td>R</td><td>Claimant's SSN.</td></tr>
<tr><td>2</td><td>Effective Date</td><td>N</td><td>10</td><td>8</td><td>R</td><td>The effective date of the claim. Format is CCYYMMDD.</td></tr>
<tr><td>3</td><td>Sequence Identifier</td><td>N</td><td>18</td><td>2</td><td>R</td><td>Sequence of record supplied by the sending State. Sequence will begin with 01. Each new record for the same SSN and Effective Date will be incremented by +1.</td></tr>
<tr><td>4</td><td>Type of Request</td><td>N</td><td>20</td><td>2</td><td>R</td><td>Values: 03 = 934 Request Record.</td></tr>
<tr><td>5</td><td>FIC of Responding Agency</td><td>N</td><td>22</td><td>3</td><td>R</td><td>The Federal agency's three digit identification code.</td></tr>
<tr><td>6</td><td>Destination Code of Responding Agency</td><td>N</td><td>25</td><td>4</td><td>R</td><td>The Federal agency component's four digit destination code.</td></tr>
<tr><td>7</td><td>Requesting State's Postal Code</td><td>A/N</td><td>29</td><td>2</td><td>R</td><td>The sending states two digit alpha postal abbreviation.</td></tr>
<tr><td>8</td><td>Creation Date</td><td>N</td><td>31</td><td>8</td><td>R</td><td>Date the electronic request is created. Format is CCYYMMDD.</td></tr>
<tr><td>9</td><td>Creation Time</td><td>N</td><td>39</td><td>6</td><td>R</td><td>Time the electronic request is created. Format is HHMMSS.</td></tr>
<tr><td>10</td><td>First Name</td><td>A/N</td><td>45</td><td>20</td><td>R</td><td>The claimant's first name.</td></tr>
<tr><td>11</td><td>Middle Initial</td><td>A/N</td><td>65</td><td>1</td><td>O</td><td>The claimant's middle initial.</td></tr>
<tr><td>12</td><td>Last Name</td><td>A/N</td><td>66</td><td>23</td><td>R</td><td>The claimant's last name.</td></tr>
<tr><td>13</td><td>Local Office /Call Center</td><td>A/N</td><td>89</td><td>4</td><td>R</td><td>Code identifying the Local Office or Call Center to which the claim is assigned in the Sending State. Enter Spaces if LO/Call Center ID unnecessary.</td></tr>
</table>

14	Filler	A/N	93	17	R	Spaces.
15	Delivery Indicator	A/N	110	1	R	Indicator specifying the receiving Federal Agency's method of responding to requests. '1' = Electronic Wage and Separation Information. '2' = Electronic Wage Information, and Paper Separation Information. '3' = Paper Wage and Separation Information.
16	Type of Response Requested	A/N	111	1	R	Space. This field indicates how the requesting state would like to receive wages. Therefore, this field does not apply to a 934 request.
17	Date Exported	N	112	8	R	Date the request was exported. Format is CCYYMMDD.
18	Time Exported	N	120	6	R	Time the request was exported. Format is HHMMSS.
19	Response Received Indicator	A/N	126	1	O	This field will be set to 'X' when the response is received from the Federal Agency.
20	Filler	A/N	127	2	R	Spaces.
21	Message 1	A/N	129	67	R	First line of message to the Federal Agency detailing the information desired.
22	Message 2	A/N	196	77	R	Second line of message to the Federal Agency detailing the information desired.
23	Message 3	A/N	273	77	R	Third line of message to the Federal Agency detailing the information desired.
24	Message 4	A/N	350	77	R	Fourth line of message to the Federal Agency detailing the information desired.
25	Message 5	A/N	427	77	R	Fifth line of message to the Federal Agency detailing the information desired.
26	Filler	A/N	504	97	R	Spaces.

27	Agency Name	A/N	601	50	R	Name of the Federal Agency that is responsible for this claim.
28	Agency Component	A/N	651	50	R	Component of the Federal Agency that is responsible for this claim.
29	Agency Address line 1	A/N	701	50	R	First line of the Street or Postal Address for the Federal Agency.
30	Agency Address line 2	A/N	751	50	R	Second line of the Street or Postal address for the Federal Agency.
31	Agency Address line 3	A/N	801	50	R	Third line of the Street or Postal Address for the Federal Agency.
32	Agency City	A/N	851	50	R	City or Providence of the Postal Address.
33	Agency State	A/N	901	2	R	State Postal Code.
34	Agency Postal	A/N	903	13	R	Postal Code or Zip Code of the Postal Office. Format is: XXXXX-XXXX-XX.
35	Agency Country	A/N	916	26	R	Because many Federal agencies are located outside of the US, this field will contain the name of Country where the mailing address is located.
36	Filler	A/N	942		R	Space.
37	Address Change Indicator	A/N	943	1	O	X = New Address Space = No change This is dynamically marked if the State enters an address that is not in the Directory of Federal Agencies file.
38	Filler	A/N	944	7	R	Spaces.
	TOTAL RECORD			1000		

(2) <u>TC-ETA-934 Response Record Format</u>. This response record is used by Federal Agencies that receive TC-ETA-934, Request for Additional Information. This record will only be received from Federal agencies where the request record carried a delivery indicator of "1" in Field 15.

	TC-ETA-934 Response Record Format					
	(Federal Agency Response Record Format)					
FLD NBR	**FIELD NAME**	**FIELD**	**BEGIN**	**FIELD**	**REQ**	**DESCRIPTION**
	Record Key is Fields 1 through 4					
1	Social Security No.	N	1	9	R	Claimant's SSN.
2	Effective Date	N	10	8	R	The effective date of the claim. Format is CCYYMMDD.
3	Sequence Identifier	N	18	2	R	This sequence number identifies the original and subsequent responses to the request identified by sequence number in Field 28. The response numbering should be sequential beginning with 01 (up to 99) as follows: 01 = 1st response (original response to request) 02 = 2nd response (first amended response) 03 = 3rd response (second amended response) etc.)
4	Type of Response	N	20	2	R	Values: 06 = 934 Response Record.
5	Response Creation Date	N	22	8	2	Date the response was created by the Federal agency. Format is CCYYMMDD.
6	FIC	N	30	3	R	The Federal identification code of the Federal Agency sending the response.
7	Destination	N	33	4	R	The destination identification code of the Federal agency sending the response
8	Social Security No.	N	37	9	R	Claimant's SSN.
9	Effective Date	N	46	8	R	The effective date of the claim. Format is CCYYMMDD.
10	First Name	A/N	54	20	R	The claimant's first name.
11	Middle Initial	A/N	74	1	O	The claimant's middle initial.
12	Last Name	A/N	75	23	R	The claimant's last name.

13	Response(s) to Question(s) asked	A/N	98	640	R	Federal agency's response to question asked on 934 request. The response will be 640 characters or less.
14	Requesting State's Postal Code	N	738	2	R	Postal Code of the state that requested the information.
15	Filler	N	740	1	R	Spaces.
16	Request Sequence Number	N	741	2	R	This is the sequence number from Field 3 of the 934 request record to which the employer is responding.
17	Filler	A/N	743	61	R	Spaces.
18	Date Imported					Date the state imported the response from the Hub. Federal Agencies are to send zeros in this field.
19	Time Imported	N	812	6	R	Time the state imported the response from the Hub. Federal Agencies areto send zeros in this field.
20	Filler	A/N	818	183	R	Spaces.
	TOTAL RECORD			1000		

(3) <u>TC-ETA-934 Response Record View Screen</u>. Below is a copy of the ETA 934 response view screen for reference.

```
01/04/01                    TC-ETA934 Response Record


SSN:(1) 000-36-0000 REQ SEQ:(2)01 FIC:(3) 445 DEST:(4) 0012 EFF DT:(5) 07/02/00


NAME: FIRST: (6)   ROBERT    MI: (7)   C     LAST:(8)      WILSON


REQUEST
MESSAGE: (9)   PLEASE PROVIDE MORE INFORMATION CONCERNING CLAIMANT'S SEPARATION

_____


_____



RESPONSE MESSAGE: (10)   The claimant is currently separated as a result of a
warning or suspension.  The Claimant has returned to work.


PF4 = END
```

26. <u>Directory of Federal Agencies</u>. The Directory of Federal Agencies identifies and provides a record of Federal Agencies and offices that employ civilian workers. An automated directory has been included in the ICON UCFE Support System. As a part of the UCFE application, the Directory serves two purposes. First, it will be used as a table of addresses to reduce the data entry

requirements for sending mail requests for wage and separation information to Federal agencies. Second, it will be accessible for use as a directory of contact personnel.

The Directory can only be updated by the ETA National office. However, since Federal agencies often provide new addresses directly to State agencies, the Directory's address screen has been designed to allow States to data enter corrections to existing addresses and to data enter new addresses. The new/corrected address will not be written to the Directory, it will be used to mail the request being entered to the Federal agency and it will also be forwarded to the ETA National office for verification and posting to the Directory.

The Directory is arranged numerically in ascending order by Federal Identification Codes (FIC). The agencies, called components, under each FIC are arranged alphabetically. The different locations of offices for each component are arranged alphabetically by State and city. Four digit destination codes have been assigned to each address to direct the delivery of the request. Each code is critical to the writing of the correct address to the file that is created for use in addressing the forms for mailing.

The FIC and Destination Code must be data entered for each request. Attachment II of this Unemployment Insurance Program Letter is a Directory of Federal Agencies Index which provides the destination codes for each address that is currently in the Directory. When using the directory, if you do not know the destination code for an agency, enter the FIC code and destination code 0001. You will then be able to scroll through the listing to locate an address or contact person.

There are two additional codes that are used in the Directory. Below is a copy of the address view screen for easy reference. The 'delivery indicator' code , item 15, is used to direct the sending of an electronic request or a mail request or both. Code '1' means that the federal agency receives and responds to all request electronically. Code '2' means that the federal agency receives and responds to the request for wage information electronically and to the request for separation or other employment information by mail. Code '3' means that the federal agency receives requests and responds by mail only. The 'other processing' code, item 16, is used to identify and direct the requests to the other federal agency or private company that processes requests for wage and separation information for the agency listed.

      a. <u>Federal Agencies Address View Screen</u>. Below is a copy a screen showing the federal address information that is contained in the Directory.

```
                    ICON PROJECT SYSTEM
                 UCFE FEDERAL ADDRESS VIEW


        FIC: 002 (1)           DESTINATION: 0001 (2)


     NAME:  U.S. HOUSE OF REPRESENTATIVES (3)
   COMPONENT:                               (4)
   ADDRESS 1)  FINANCE OFFICE, ROOM 263          (5)
         2)  CANNON HOUSE OFFICE BUILDING      (6)
         3)                                    (7)
       CITY:  WASHINGTON (8)
      STATE:  DC (9)   POSTAL CODE: 20515 (10)
      COUNTRY: UNITED STATES (11)
    CONTACT: MERRI BALDWIN      (12)  OTHER PROCESSING:  (13)
    PHONE:(000) 000-0304 (14) EXT: 102 (15) DELIVERY IND:(16)


   LAST UPDATED:    /  /  (17)
   PF4=CANCEL    PF7=BACK    PF8=FORWARD
```

27. Record Retention.   The electronic and paper claims forms contained in these instructions shall be maintained by the State agency for 3 years after final action (including appeals or court action) on the claim and shall be transferred to State agency accountability under the conditions for the disposal of UCFE and UCX records covered in Chapter XXII of ET Handbook No. 391 (1982 edition)and Chapter I, Page I-15, of ET Handbook No. 384 (1984 edition).

Appendix A - UCFE - UCX Questions and Answers

1. <u>Question</u>. Sometimes the response record from LCCC contains information under component 2. Does this have something to do with other SSN Field?

    <u>Answer</u>. No. When there is a second DD Form 214 on file, information from the DD Form 214 will be provided. The second DD Form 214 may be filed under the primary SSN or it may be filed under "other SSN."   If the name on the DD Form 214 is different from the name on the request, the response will include message Number 35 and a warning flag in Field 66.

2. <u>Question</u>. What happens when the separation date on the UCX Type 1 request matches the separation date on a UCX control record?

    <u>Answer</u>. A Type 2 response record will be sent that includes the information from the control record and a message.

5. <u>Question</u>. What happens when the separation date on the control record does not match the date on the request but it is greater than the base period begin date on the request record?

    <u>Answer</u>. A response record will be sent that includes the information from the control record and the information from the DD Form 214 file if there is a match. If there is no matching DD Form 214 on file, a pending record will be created and a corresponding message number indicating this will be included in the response.

6. <u>Question</u>. How will the accrued leave lump sum payment be treated for calculation of UCX wages?

    <u>Answer</u>: Accrued leave is assignable to the date of separation. Therefore, wages for lump sum payment are added to wages for the quarter in which the separation date occurred.

5. <u>Question</u>. When there are two control records on file, which one will be included in the response to the requesting State?

    <u>Answer</u>. The control record with the most recent effective date of claim will be the one included in the response record.

6. <u>Question</u>. When a Type 1 record is identified as program Type "F", how is it possible for the State to receive a response with UCX wage and separation information with message number 31 and 35?

Appendix A - UCFE - UCX Questions and Answers

Answer. All Type 1 requests are matched against the DD Form 214 file and UCX information is included in the response if there is a DD 214 on file with a separation date subsequent to the beginning date of the base period of the UCFE claim. The UCX wages are assignable if they belong to the UCFE claimant. However, the requesting State has to review the record to ensure that the UCX wages are properly assigned if the UCFE claim is an interstate claim. If for example, the match produced a message that the name on the DD Form 214 is different from the name on the UCFE request, it may be an incorrect SSN on the UCFE claim or the DD Form 214. The State will need to review for proper SSN and name.

7. Question. When the SSN on the DD Form 214 matches the SSN included under "other SSN" on the Type 1 request, which SSN is to be used on the Type 2 record as the primary SSN?

Answer. The control record is created using the claimant's correct SSN as the primary identifier of the record, with the other SSN in the other SSN field.

8. Question. When a Type 1 UCX record includes a "other SSN" and there is no matching DD Form 214 on file, is a pending record created for both SSNs or just the primary one?

Answer: Only one pending record is created. It will contain both the SSN and the "other SSN" in the record.

9. Question. Are the wages added together when a Type 1 UCX record includes another SSN in "other SSN" field and there are matching DD Forms 214 on file for both SSNs?

Answer. Yes. The wages will be calculated using both DD Form 214s and provided in a single response record.

10. Question. What happens when the separation date on a Type 1 UCX record and a Type 3 Claim Control record match?

Answer. The State receives a Type 3 response with information from the Claim Control record included in Fields 5 thru 15, 18 and 19, and message # 015 "wages previously assigned." This type of response means that the wages have been assigned but should be available for transfer from the State of assignment for use on the new claim.

11. Question. What period of the individual's military service is covered by the wage assignment when the Claim Control record shows a separation date of June 12, 2001 for an individual that served 10 years of uninterrupted military service?

Appendix A - UCFE - UCX Questions and Answers

Answer. The entire 10 years is covered if there has been no prior benefit year established.

12. Question. What will the State receive from the LCCC if the separation date on a UCX Type 1 record and the separation date on a UCX or UCFE Claim Control record match?

Answer. The State will receive a Type 2 response with information from the Claim Control record and no information from the DD Form 214 with that separation date. The response record will show the information from the Claim Control record in Fields 5 thru 15, 18, and 19 with message # 009 "Control Record on file."

13. Question. If State A sends in a UCFE Type 2 record with a separation date of 6/15/99 and State B sends in a Type 3 record with the same separation date, will both of these records be accepted by LCCC?

Answer. Yes. These are different type control records and not considered duplicates. This situation will occur whenever a transferring State has lag period wages to assign.

14. Question. What will the State receive when it send in a UCFE Type 1 record and there is no control record on file?

Answer. The State will receive a UCFE Type 1 response record with message # 004 "No Control Record or DD 214 on file".

15. Question. How is the State agency notified when the Branch of Service code on the Type 1 request record is different from the DD Form 214?

Answer. The Branch of Service code is extracted from the DD Form 214 and included in the response record to identify the source of the wages for each quarter. If there are overlapping DD Form 214s, the Branch of Service identifier for the affected quarter will be shown as "99". In such cases, the response record will include message number 014 showing a breakout of the wages for each Branch.

16. Question. What happens when the separation date on the UCFE Type 1 record matches the separation date on a UCFE Claims Control record, but, there is a DD Form 214 on file with a separation date subsequent to the base period beginning date of the new claim?

Answer. When there is a DD Form 214 on file that has a separation date after the base period beginning date for the

Appendix A - UCFE - UCX Questions and Answers

new claim, wage and separation information from that DD Form 214 will be included in the response with message # 025 "Claim Control Record on file. Wages sent from subsequent DD 214."

17.   Question. When a UCFE Type 1 record separation date matches the separation date on a UCX Claim Control record, what will the State receive?

Answer.   If the separation date precedes the effective date of the prior claim, the State should receive a Type 2 response record that includes a copy of the Claim Control information and message # 012 "Control Record on file. Prior claim filed since separation date." This message notifies the State that the UCFE wages were assignable with the establishment of the UCX claim. If the separation date is after the effective date of the prior claim, the State should receive a Type 2 response record that includes a copy of the Claim Control information and message # 013 "Control Record on file for UCX claim."

18.   Question. What happens when the separation date on a UCFE Type 1 record matches the separation date on a Type 3 Claim Control record?

Answer.   The State will receive a Type 3 response record with the information from the Claim Control record included in Fields 5 thru 15 and message # 015 "wages previously assigned." Receiving this response means that the wages are probably available for use on the claim, but they will need to be transferred from the State that posted the control record.

19.   Question. When the State sends a Type 2 Claim Control record to the LCCC, will the State receive a response?

Answer.   Yes. The State will receive a response record "Type 2" with message # 023 "Control Record Accepted." This message number can be used to distinguish between a record receipt confirmation and a Type 2 response that includes information from a Claim Control record and is a response to a Type 1 request. The answer is the same for a Type 3 response.

20.   Question. What type of response will the State receive when the separation dates on a UCX Type 1 record and a DD Form 214 on file match and there is a UCX Claim Control record on file with a different separation date?

Answer.   The State will receive a Type 1 response record with information from any DD Form 214 with a service entry date greater than the separation date on the control record

Appendix A - UCFE - UCX Questions and Answers

when the benefit year ending date control record is less
than the effective date of the new claim. The State will
receive a Type 2 response record, which include information
from the control record and any DD Form 214 with a entry
date greater than the separation date on the control record
when the benefit year ending date on the control record is
greater than the effective date of the new claim.

21. <u>Question</u>. Will the State receive a response record when a
     Type 4 record is sent?

22. <u>Answer</u>. Yes. The processing of a Type 4 record will
     generate a Type 4 response which includes message # 019
     "Control Record Deleted" confirming the deletion of the
     control record. The process is the same for a Type 5
     record.

Appendix B - Examples of Responses from the LCCC

1. Examples of responses that States will receive from the new System.

　　a. Scenario. Type 1 UCX request processed and there is no DD Form 214 on file and no matching control record in new system. Pending Record created.

```
3/30/01                  UCX/UCFE RESPONSE RECORD                    Page 11


SSN: 000000000    Name: GARY        JGATHERS        OTHER SSN: 000000000


EFF. DATE:20010305        LDW UCX:20010224       LDW UCFE:00000000
BASE PER BEG:19991001     BASE PER END:20000930   BASE YEAR END:00000000
ENTRY DATE:00000000       NET SERVICE 1:000000    PRIOR SERVICE 1:000000


STATE FIPS:13      TRANS FIPS-1:00    TRANS FIPS-2:00  LOCAL OFFICE:1500
BR SERVICE:01         COMPONENT:ARMY RA                   CHAR SERV:
TRANS DATE:20010307    LCCC DATE:20010307    REC CODE:1


ACCRUED LEAVE:000.0  SEP PAY:000000.00  DISAB PEN:000000.00  PAY GRADE:
US NATL:             RETIREMENT:        MICROFILM ID: 000000000000


DAYS LOST ST-1:00000000 DAYS LOST END-1:00000000
DAYS LOST ST-2:00000000 DAYS LOST END-2:00000000
DAYS LOST ST-3:00000000 DAYS LOST END-3:00000000
DAYS LOST ST-4:00000000 DAYS LOST END-4:00000000


Q1 DATE:00001 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
Q2 DATE:00002 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
Q3 DATE:00003 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
Q4 DATE:00000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
Q5 DATE:00000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
Q6 DATE:00000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
Q7 DATE:00000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
Q8 DATE:00000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
Q9 DATE:00000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00


DAYS LOST ST-5:00000000 DAYS LOST END-5:00000000
DAYS LOST ST-6:00000000 DAYS LOST END-6:00000000
DAYS LOST ST-7:00000000 DAYS LOST END-7:00000000
DAYS LOST ST-8:00000000 DAYS LOST END-8:00000000


COMPONENT 2:                                    ENTRY DATE 2:00000000
SEP DATE 2:00000000         NET SERVICE 2:000000  PRIOR SERVICE 2:000000
ACCRUED LEAVE 2:000.0       AMENDED RESPONSE:     MICROFILM ID:000000000000


NARRATIVE:


WARNING FLAG:    1ST FULL:       TYPE:X        EDIT/PROCESS:P
MSG:002 NO CONTROL RECORD OR DD 214 ON FILE.  RESPONSE PENDING
MSG:
MSG:
```

Appendix B - Examples of Responses from the LCCC

    b. <u>Scenario</u>. Type 1 UCX request processed and there is a DD Form 214 on file with different separation date. There is no matching control record in new system. The response includes information from the DD Form 214 that is on file and a pending Record is created for the DD Form 214 with a separation date which matches the date on the request record.

```
3/30/01                 UCX/UCFE RESPONSE RECORD                     Page 11


SSN: 000000000    Name: ALLISON      CARTHONS        OTHER SSN: 000000000


EFF. DATE:20010306       LDW UCX:20010131        LDW UCFE:00000000
BASE PER BEG:19991001    BASE PER END:20000930    BASE YEAR END:00000000
ENTRY DATE:19810107      NET SERVICE 1:200024     PRIOR SERVICE 1:000000


STATE FIPS:13      TRANS FIPS-1:00     TRANS FIPS-2:00   LOCAL OFFICE:5500
BR SERVICE:01        COMPONENT:ARMY RA                   CHAR SERV:HO
TRANS DATE:20010307    LCCC DATE:20010307    REC CODE:1


ACCRUED LEAVE:000.0  SEP PAY:000000.00  DISAB PEN:000000.00  PAY GRADE:E07
US NATL:U             RETIREMENT:Y       MICROFILM ID:200101020984


DAYS LOST ST-1:00000000 DAYS LOST END-1:00000000
DAYS LOST ST-2:00000000 DAYS LOST END-2:00000000
DAYS LOST ST-3:00000000 DAYS LOST END-3:00000000
DAYS LOST ST-4:00000000 DAYS LOST END-4:00000000


Q1 DATE:19994 Q1 WAGE:011171.70 Q1 WEEK:13  Q1 HOURS:720 Q1 BR SERV: 01
Q2 DATE:20001 Q1 WAGE:011171.70 Q1 WEEK:13  Q1 HOURS:720 Q1 BR SERV: 01
Q3 DATE:20002 Q1 WAGE:011171.70 Q1 WEEK:13  Q1 HOURS:720 Q1 BR SERV: 01
Q4 DATE:20003 Q1 WAGE:011171.70 Q1 WEEK:14  Q1 HOURS:720 Q1 BR SERV: 01
Q5 DATE:20004 Q1 WAGE:011171.70 Q1 WEEK:13  Q1 HOURS:720 Q1 BR SERV: 01
Q6 DATE:20011 Q1 WAGE:003723.90 Q1 WEEK:05  Q1 HOURS:240 Q1 BR SERV: 01
Q7 DATE:00000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
Q8 DATE:00000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
Q9 DATE:00000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00


DAYS LOST ST-5:00000000 DAYS LOST END-5:00000000
DAYS LOST ST-6:00000000 DAYS LOST END-6:00000000
DAYS LOST ST-7:00000000 DAYS LOST END-7:00000000
DAYS LOST ST-8:00000000 DAYS LOST END-8:00000000


COMPONENT 2:                                 ENTRY DATE 2:00000000
SEP DATE 2:00000000         NET SERVICE 2:000000   PRIOR SERVICE 2:000000
ACCRUED LEAVE 2:000.0       AMENDED RESPONSE:      MICROFILM ID:000000000000


NARRATIVE: SUFFICIENT SERVICE FOR RETIREMENT
WARNING FLAG:    1ST FULL:y      TYPE:X        EDIT/PROCESS:P
MSG:028 REQ SEP DATE 10/16/00 DIFFERENT FROM DD214 SEP DATE. PDG RECORD CREATED.
```

Appendix B - Examples of Responses from the LCCC

c. <u>Scenario</u>. UCFE Type 1 request record processed and there is no match in the new control file or the DD Form 214 file.

```
3/30/01                 UCX/UCFE RESPONSE RECORD                    Page 11


 SSN: 000000000   Name: DOROTHY      LJACKSON          OTHER SSN: 000000000


 EFF. DATE:20010305       LDW UCX:00000000       LDW UCFE:20010224
 BASE PER BEG:19991001    BASE PER END:20000930   BASE YEAR END:00000000
 ENTRY DATE:00000000      NET SERVICE 1:000000    PRIOR SERVICE 1:000000


 STATE FIPS:13     TRANS FIPS-1:00     TRANS FIPS-2:00  LOCAL OFFICE:3200
 BR SERVICE:        COMPONENT:                           CHAR SERV:
 TRANS DATE:20010329    LCCC DATE:20010329    REC CODE:1


 ACCRUED LEAVE:000.0  SEP PAY:000000.00  DISAB PEN:000000.00  PAY GRADE:
 US NATL:             RETIREMENT:        MICROFILM ID: 000000000000


 DAYS LOST ST-1:00000000 DAYS LOST END-1:00000000
 DAYS LOST ST-2:00000000 DAYS LOST END-2:00000000
 DAYS LOST ST-3:00000000 DAYS LOST END-3:00000000
 DAYS LOST ST-4:00000000 DAYS LOST END-4:00000000


 Q1 DATE:00000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
 Q2 DATE:00000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
 Q3 DATE:00000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
 Q4 DATE:00000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
 Q5 DATE:00000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
 Q6 DATE:00000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
 Q7 DATE:00000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
 Q8 DATE:00000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
 Q9 DATE:00000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00


 DAYS LOST ST-5:00000000 DAYS LOST END-5:00000000
 DAYS LOST ST-6:00000000 DAYS LOST END-6:00000000
 DAYS LOST ST-7:00000000 DAYS LOST END-7:00000000
 DAYS LOST ST-8:00000000 DAYS LOST END-8:00000000


 COMPONENT 2:                              ENTRY DATE 2:00000000
 SEP DATE 2:00000000        NET SERVICE 2:000000    PRIOR SERVICE 2:000000
 ACCRUED LEAVE 2:000.0      AMENDED RESPONSE:       MICROFILM ID:000000000000


 NARRATIVE:


 WARNING FLAG:   1ST FULL:      TYPE:X        EDIT/PROCESS:P
 MSG:004 NO CONTROL RECORD OR DD 214 ON FILE.
 MSG:
 MSG:
```

Appendix B - Examples of Responses from the LCCC

d. <u>Scenario</u>. UCX Type 1 request processed. DD Form 214 on file
with different name. Warning flag set on response record.

```
3/30/01                    UCX/UCFE RESPONSE RECORD                       Page


SSN: 000000000    Name: MARK      PURVIS          OTHER SSN: 000000000


EFF. DATE:20010328        LDW UCX:20010215        LDW UCFE:00000000
BASE PER BEG:19991001    BASE PER END:20000930    BASE YEAR END:00000000
ENTRY DATE:19970815      NET SERVICE 1:030600      PRIOR SERVICE 1:000207


STATE FIPS:13     TRANS FIPS-1:00    TRANS FIPS-2:00  LOCAL OFFICE:5500
BR SERVICE:04        COMPONENT:USMCR C1                CHAR SERV:HO
TRANS DATE:20010328    LCCC DATE:20010328    REC CODE:1


ACCRUED LEAVE:000.0  SEP PAY:000000.00  DISAB PEN:000000.00  PAY GRADE:002
US NATL:U            RETIREMENT:N       MICROFILM ID:200102280675


DAYS LOST ST-1:00000000 DAYS LOST END-1:00000000
DAYS LOST ST-2:00000000 DAYS LOST END-2:00000000
DAYS LOST ST-3:00000000 DAYS LOST END-3:00000000
DAYS LOST ST-4:00000000 DAYS LOST END-4:00000000


Q1 DATE:19994 Q1 WAGE:011502.00 Q1 WEEK:13  Q1 HOURS:720 Q1 BR SERV: 04
Q2 DATE:20001 Q1 WAGE:011502.00 Q1 WEEK:13  Q1 HOURS:720 Q1 BR SERV: 04
Q3 DATE:20002 Q1 WAGE:011502.00 Q1 WEEK:13  Q1 HOURS:720 Q1 BR SERV: 04
Q4 DATE:20003 Q1 WAGE:011502.00 Q1 WEEK:14  Q1 HOURS:720 Q1 BR SERV: 04
Q5 DATE:20004 Q1 WAGE:011502.00 Q1 WEEK:13  Q1 HOURS:720 Q1 BR SERV: 04
Q6 DATE:20011 Q1 WAGE:005751.00 Q1 WEEK:07  Q1 HOURS:360 Q1 BR SERV: 04
Q7 DATE:00000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
Q8 DATE:00000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
Q9 DATE:00000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00


DAYS LOST ST-5:00000000 DAYS LOST END-5:00000000
DAYS LOST ST-6:00000000 DAYS LOST END-6:00000000
DAYS LOST ST-7:00000000 DAYS LOST END-7:00000000
DAYS LOST ST-8:00000000 DAYS LOST END-8:00000000


COMPONENT 2:                                   ENTRY DATE 2:00000000
SEP DATE 2:00000000         NET SERVICE 2:000000   PRIOR SERVICE 2:000000
ACCRUED LEAVE 2:000.0      AMENDED RESPONSE:       MICROFILM ID:000000000000


NARRATIVE: SUFFICIENT SERVICE FOR RETIREMENT


WARNING FLAG:X   1ST FULL:U      TYPE:X        EDIT/PROCESS:P


MSG:035 NAME ON 214 REC IS CHRISTOPHER AEMERSON
MSG:031 FIRST FULL TERM UNKNOWN.  DD-14 BEING FAXED.
```

Appendix B - Examples of Responses from the LCCC

e. <u>Scenario</u>. UCX Type 1 record processed. DD Form 214 with different name and separation date is on file. Pending record created. After reviewing this response record, the State will need to cancel the pending record because all of the matching problems were created by data entry errors.

```
3/30/01                 UCX/UCFE RESPONSE RECORD                  Page 11


SSN: 000000000   Name: DEDRIC      COLEMAN        OTHER SSN: 000000000


EFF. DATE 20010325       LDW UCX: 2000802       LDW UCFE: 00000000
BASE PER BEG: 19991001   BASE PER END: 2000930   BASE YEAR END: 00000000
ENTRY DATE: 20010121     NET SERVICE 1: 000612   PRIOR SERVICE 1: 000000


STATE FIPS:22     TRANS FIPS-1:00    TRANS FIPS-2:00  LOCAL OFFICE:0870
BR SERVICE:01        COMPONENT:ARMY RA                CHAR SERV:HO
TRANS DATE:20010328    LCCC DATE:20010328    REC CODE:1


ACCRUED LEAVE:016.5  SEP PAY:000000.00 DISAB PEN:000000.00  PAY GRADE:E01
US NATL:U            RETIREMENT:N     MICROFILM IDD: 200009051777


DAYS LOST ST-1:00000000 DAYS LOST END-1:00000000
DAYS LOST ST-2:00000000 DAYS LOST END-2:00000000
DAYS LOST ST-3:00000000 DAYS LOST END-3:00000000
DAYS LOST ST-4:00000000 DAYS LOST END-4:00000000


Q1 DATE:20001 Q1 WAGE:004069.10 Q1 WEEK:10  Q1 HOURS:560 Q1 BR SERV: 01
Q2 DATE:20002 Q1 WAGE:005231.70 Q1 WEEK:13  Q1 HOURS:720 Q1 BR SERV: 01
Q3 DATE:20003 Q1 WAGE:002819.30 Q1 WEEK:06  Q1 HOURS:256 Q1 BR SERV: 01
Q4 DATE:20000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
Q5 DATE:20000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
Q6 DATE:20000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
Q7 DATE:20000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
Q8 DATE:20000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00
Q9 DATE:20000 Q1 WAGE:000000.00 Q1 WEEK:00  Q1 HOURS:000 Q1 BR SERV: 00


DAYS LOST ST-5:00000000 DAYS LOST END-5:00000000
DAYS LOST ST-6:00000000 DAYS LOST END-6:00000000
DAYS LOST ST-7:00000000 DAYS LOST END-7:00000000
DAYS LOST ST-8:00000000 DAYS LOST END-8:00000000


COMPONENT 2:                              ENTRY DATE 2:00000000
SEP DATE 2:00000000      NET SERVICE 2:000000  PRIOR SERVICE 2:000000
ACCRUED LEAVE 2:000.0    AMENDED RESPONSE:     MICROFILM ID:000000000000


NARRATIVE: FAILURE TO MEET PROCUREMENT MEDICAL FITNESS STANDARDS


WARNING FLAG:X   1ST FULL:N     TYPE:X       EDIT/PROCESS:P
MSG:028 REQ SEP DATE 08/03/00 DIFFERENT FROM DD214 SEP DATE. PDG REC CREATED
MSG:035 NAME ON 214 REC IS DEDRICK RCOLEMAN
```

Appendix B - Examples of Responses from the LCCC

2. Examples of Responses that States will receive from the "Inquiry" Control File. States sending request records using the new system and procedures will receive the following type responses from the old "Inquiry" file.

    a. Situation. There is a UCX request and there is a match with a record in the "Inquiry" File.

The response will contain identifying claimant and program type information from the incoming request and the FIPS Code(s) of the State(s) that previously inquired as follows:


```
02/09/01          UCX/UCFE Listing of Prior Inquiries      Page 1
                        By Other States


                                Effective      UCX SEP       UCFE SEP
SSN               NAME             DATE          DATE           DATE
000110000      Robert Gillham    20010209      20001115       00000000
          PGM TYPE: X    STATES WITH PRIOR INQUIRY: 51 29
```


    b. Situation: There are UCX OR UCFE requests from a State and there are no matches with records in the "Inquiry" File.

The response will be as follows:


```
02/09/01          UCX/UCFE Listing of Prior Inquiries      Page 1
                        By Other States



                         NONE FOR TODAY
```

Appendix C

FULL SIZE FORMS FOLLOW

(STATE AGENCY IDENTIFICATION)

REQUEST FOR WAGE AND SEPARATION INFORMATION- UCFE

1. State Agency Address:	2. Name of Federal Agency, 3 Digit Agency Code, and Address:

3. Local Office/Call Center ID:	4. Date of Request:	5. Date claim taken:	6. Effective Date of Claim:

7. Name (Last, First , Middle Initial)	8. Social Security Number

Instructions: Complete and Return Within 4 Workdays

9. **A. Did this person perform "Federal Civilian Service" as defined for UCFE purposes for your agency at any time during the base period shown in Item 10A below?**   __Yes __No

   B. Under what legal authority was the individual hired?_____

   C. What funding Source was used for salary payments? _____

   D. Were payroll deductions made for Federal and State taxes?   __Yes __No

 * **E. Was Employee eligible for:**

   (1) Annual and Sick leave?   ___Yes ___No   **(2) Health and Life insurance?**   __Yes __ No

   (3) Civil Service or FERS retirement?   __Yes __ No

   F. Did the Federal agency provide direction and control?   __Yes __No

   G. Duty Station: Enter State of the person's last employment with your agency (or if outside U.S., enter Country):_____

* **NOTE: If "NO" to D, E (1) through E (3) Explain on separate attachment.**

10. Are base period wages provided electronically? ___Yes ___No. If 'yes', go to item 11. If 'no', report all wages from base period begin date to separation date.	11. Separation, Terminal Annual Leave, and Severance Pay Information

10. Are base period wages provided electronically? ___Yes ___No. If 'yes', go to item 11. If 'no', report all wages from base period begin date to separation date.

   A. Base period beginning date_____

   B. Report wages for quarters ending after date in 'A' above.

Qtr. Ending	Year	Gross Wages
_____	____	$_____
_____	____	$_____
_____	____	$_____
_____	____	$_____
_____	____	$_____
_____	____	$_____
_____	____	$_____
_____	____	$_____
_____	____	$_____

   C. Report Hours

      No. of Duty Hours ____ Workday

      ____ Basic Workweek

11. **Separation, Terminal Annual Leave, and Severance Pay Information**

   A. Did this person receive a lump sum payment(s) for terminal annual leave on or after the beginning date of base period shown in item 10A?   ___Yes ___No

   If "Yes" or if currently entitled to such a payment, enter date below: Payment Date: __/__/__
            Days of Leave: ___

   Period From: Date: __/__/__To: Date:__/__/__

   B. Date of Separation__/__/__

   C. Last day of active pay status __/__/__

   D. Reason for separation or nonpay status:_____

   _____

   E. Did this person receive or is he/she entitled to receive severance pay provided by Federal law or agency employee agreement?   ___Yes __ No

   If "Yes" complete the following information:

   Total Entitlement: $_____ Weekly

   entitlement: $_____ Beginning date: __/__/__

            Ending Date: __/__/__

Print Name_____	Title _____
Signature_____	Telephone Number (____) _____ Date___/___/____

ETA-931 (Revised 8/2001)

Important Notice

If a completed Form ETA-931 is not received by the 12th calendar day from the 'date of request,' this agency may pay benefits to the claimant based on his/her affidavit as provided by Department of Labor's Regulation at 20 CFR 609.6(e)(2). Any benefit payments made to the claimant will be charged to the Federal employing agency(ies) in accordance with Section 1023, PL 96-499, Omnibus Reconciliation Act of 1980(94 Stat. 2599).

COMPLETION INSTRUCTIONS TO FEDERAL AGENCY

(Also see Front of this Form)

As an alternative to completing this form, attaching a computer printout containing complete data of the data requested is acceptable if procedures and forms are cleared with the U.S. Department of Labor, Washington, DC 20210, and the State agency has completed items 1-7 and 10A and 10B, which identify the base period and the applicable calendar quarters for which information is requested.

Item 9A asks if the individual performed "Federal Civilian Service." If the Federal agency response is "No," Items 9B through 9F are to be completed. Item 9G will be answered when the individual performed "Federal Civilian Service."

The information is available on the SF-50 or payroll records. Provide a separate attachment if necessary.

Item 10B and 9C. Enter either gross wages, when paid, in Federal Civilian Service or "none" if no wages for that period. Do not include as wages: (1) severance pay, (2) lump sum payment(s) for terminal annual leave, or (3) any other type of separation payment. Enter hours, such as 8 and 40 for full-time employee.

Item 11A.   Self-explanatory.

Items 11B and 11C. Enter dates requested. The date in Item 11C includes annual and sick leave days if earlier than the date of separation (11B) or if employee is not separated.

Item 11D. Obtain agency findings from SF 50: Item 5-B "Nature of Action" and Item 45, "Remarks", or if SF-50 not used, record equivalent information from other separation document(s) your agency used. See Federal Personnel Manual (FPM) supplement 296-33 for standards on work connected "Resignation" cases, carefully review FPM requirements applicable since January 1,1982. If payroll office records are incomplete or inadequate, or if information on SF-50 is not sufficient, check with personnel for additional information and add as part of separation information. ATTACH COPIES OF DOCUMENTS IF APPROPRIATE.

Item 11E. Self-explanatory.

Signature of Official. Form is not complete unless it (or attached computer printout) is signed and dated; also enter signer's title and telephone number.

ETA 931 (Revised 8/2001)

REQUEST FOR SEPARATION INFORMATION - ADDITIONAL CLAIM

1. State Agency Address:	2. Federal Agency Name, 3 Digit Agency Code, and Address:
3. Local Office/Call Center:	4. Date of Request: 5. Effective Date:
6. Claimant's Name (Last, First, Middle Initial)	7. Social Security Number

Federal Agency Response – Complete and Return Within 4 Workdays

8.   Separation, Terminal Annual Leave and Severance Pay Information:

   A.   Date of Separation: __/__/__   I. Last day of active pay status: __/__/__

   B.   Reason for separation or non-pay status: _____
_____
_____
_____
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_____
_____
_____
_____

  C. Did this person receive a lump sum payment(s) for terminal annual leave on or after the beginning date of the base period shown? __Yes __No. If "Yes", or if currently entitled to such a payment, record date(s) below for each payment(s):
    Payment Date: __/__/__   Days of Leave: ___ Period from: __/__/___ To: __/__/__

  D. Did person receive or is he/she entitled to receive severance pay provided by Federal law or agency employee agreement? __Yes __ No.   If "Yes", complete the following information:
           Total Entitlement: $_____   Weekly entitlement $_____
           Beginning Date: __/__/__   Ending Date __/__/__

9. Signature of Official _____ Title: _____

   Print Name: _____Telephone: (   )_____Date___/__/___

ETA-931A (Revised 8/2001)

(STATE AGENCY IDENTIFICATION)

REQUEST FOR ADDITIONAL INFORMATION

1. State Agency Address:	2. Federal Agency Name, 3 Digit Agency Code, and Address:

3. Local Office/Call Center ID:	4. Date of Request:	5. Effective Date:	6.Separation Date:

7. Claimant's Name (Last, First Middle Initial)	8. Social Security Number

9. A.   State Agency Statement or Questions of Federal Agency:

_____
_____
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9. B.   Claimant's Statement:

_____
_____
_____
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_____
_____
_____

10.   Federal Agency Response:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

11. Signature of Official _____ Title: _____

   Print Name: _____ Telephone:(___)_____Date___/__/___

ETA-934 (Revised 8/2001)

CLAIMANT'S AFFIDAVIT OF FEDERAL CIVILIAN SERVICE, WAGES AND REASON FOR SEPARATION

1. State Agency Address:	2. Claimant's Name and mailing Address

3. LO/Call Center ID: 4. Date of Request: 5. Eff. Date of Claim: 6. Separation Date

7. Federal Agency Name & Address:	8. Social Security Number

Instructions: Complete and Return Immediately

9. Affidavit of Federal Wage and Separation Information/Documentary Evidence

a. Enter the location of your Official Duty Station: (City, State)

b. Enter your wages with the above named employer below. Show wages by quarter starting with the wages that you earned after (base period begin date) up to the date you separated from this employer. Under Documentary Evidence, enter the source of the information provided and attach a copy. If additional space is needed to explain reason for separation, attach your signed explanation.

Quarter Ending	Year	Gross Wages	Documentary Evidence

c. Severance Pay.   Did you receive or are you entitled to receive severance pay provided by Federal law or agency employee agreement? ___Yes __ No   If "Yes" complete the following information: Total Entitlement: $_____.   Severance Pay Period Beginning date: __/__/__ Ending Date __/__/__

d.   Pension: Are you entitled to receive a pension from any branch of the Federal Government? ____Yes _____No.   Enter Gross Monthly Pension $ _____

e.   Reason for Separation:

I, the claimant, understand that penalties are provided by law for an individual making false statements to obtain benefits and that determinations based on an affidavit are not final: that determinations are subject to correction upon receipt of wage and separation information from the Federal agency, that benefit payments made as a result of such determination may have to be adjusted on the basis of information from the Federal agency, and that any amount overpaid will have to be repaid or offset against future benefits. I, the claimant, swear or affirm, that the above statements, to the best of my knowledge, are true and correct.

10.   Signature of Claimant_____ Date ___/___/_____

ETA-935 (Revised 8/2001)